



LANCASHIRE COUNTY COUNCIL.

---

EDUCATION COMMITTEE.

---

FORTY-SIXTH

# ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1954.

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PRESTON :  
PRINTED BY T. SNAPE & Co., LTD., BOLTON'S COURT.  
1955.





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1955.



## SCHOOL HEALTH SUB-COMMITTEE (1954).

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### THE CHAIRMAN OF THE COUNTY COUNCIL—

Andrew Smith, Esq., C.A., C.B.E., J.P.

### THE VICE-CHAIRMAN OF THE COUNTY COUNCIL—

Sir Alfred Bates, C.A., M.C.

### THE CHAIRMAN OF THE EDUCATION COMMITTEE.—

Mrs. K. M. Fletcher, C.A., M.A., J.P.

### THE VICE-CHAIRMAN OF THE EDUCATION COMMITTEE—

Sir Henry Hancock, C.A., J.P.

### CHAIRMAN OF SUB-COMMITTEE—

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### VICE-CHAIRMAN—

Mrs. W. Kettle, C.C., J.P.

### COUNTY ALDERMEN—

Mrs. M. J. Clephan  
Pryce Jones, Esq.  
Fred Longworth, Esq.

W. McManus, Esq.  
J. Welch, Esq., M.A., LL.B.  
Mrs. B. F. Wignall

### COUNTY COUNCILLORS—

W. H. Bennett, Esq.  
Mrs. E. M. Edwards  
J. E. Evans, Esq., J.P.  
W. J. Everett, Esq.  
Mrs. E. A. Fell  
E. Goodwin, Esq.

F. Hubbert, Esq.  
*(Deceased 4th July, 1954.)*  
Miss F. M. Openshaw, J.P.  
F. W. Pickles, Esq.  
Mrs. S. Pimblett  
J. Prestwich, Esq.  
Joseph H. Taylor, Esq.

### OTHER MEMBERS.

Rev. H. O. Fielding  
Lady Robinson, J.P.

Rev. Canon W. Rowe, M.A.  
Mrs. O. A. Williams, M.A.

### CHIEF EDUCATION OFFICER—

Sir Arthur Binns, C.B.E., M.C., M.A., B.Sc.

## MEDICAL STAFF.

(JOINTLY WITH HEALTH AND WELFARE SERVICES.)

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### County Medical Officer of Health and Principal School Medical Officer.

S. C. Gawne, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

### Deputy County Medical Officer of Health and School Medical Officer.

T. P. Sewell, T.D., M.D., Ch.B., D.P.H. (Appointed 10/5/54.)

### Chief Assistant County Medical Officers of Health and School Medical Officers.

R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H. (Appointed 1/7/54.)

### Principal School Dental Officer.

L. B. Corner, L.D.S., R.C.S. (Edin.).

### Superintendent School Nurse and Health Visitor.

Miss P. C. L. Gould. (Appointed 1/3/54.)

### Assistant Superintendent School Nurses and Health Visitors.

Miss M. Edwards.

Miss T. F. Melsher.

Miss K. Perryer.

Miss C. E. Sherman.

### Senior Administrative Assistant, School Health Department.

C. M. Appleby.

### Divisional School Medical Officers.

F. W. Bunting, M.B.E., M.D., Ch.B., D.P.H.

A. C. Crawford, T.D., M.B., Ch.B., D.P.H., D.T.M.

A. Dodd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

R. W. Farquhar, B.Sc., M.B., Ch.B., D.P.H.

G. Fyffe, M.B., Ch.B., D.P.H. (Appointed 1/8/54.)

J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H.

G. H. Potter, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

R. E. Robinson, M.A., M.B.C.S., L.R.C.P., D.P.H.

T. P. Sewell, T.D., M.D., Ch.B., D.P.H. (Until 9/5/54.)

W. Sharpe, B.Sc., M.B., Ch.B., D.P.H. (Appointed 5/10/54.)

A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

A. V. Stocks, M.A., M.B., B.Ch., D.P.H.

E. Taylor, M.B., Ch.B., D.P.H.

C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.

E. H. Walker, M.B., Ch.B., D.P.H. (Retired 4/10/54.)

J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.

R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.

J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

# School Medical Officers.

- Hazel I. Ashford, M.B., Ch.B., D.P.H.  
 Constance Atkinson, M.B., Ch.B., D.P.H.  
 Beryl A. Barlow, M.B., Ch.B., D.P.H.  
 Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
 Helen G. M. Bennett, M.B., Ch.B., D.P.H.  
 Doris J. Black, B.A., M.B., B.Ch., B.A.O.  
 B. Bowman, M.B., Ch.B. (Appointed 1/2/54.)  
 J. Brooks, M.R.C.S., L.R.C.P., D.P.H.  
 N. Broughton, M.B., Ch.B., D.C.H. (Resigned 31/12/54.)  
 \*Elizabeth Calderwood-Smith, M.A., M.B., Ch.B., D.P.H.  
 P. G. Cannon, M.B., Ch.B., D.P.H.  
 P. V. Cant, M.B., Ch.B., D.P.H.  
 J. D. Carroll, M.B., B.Ch., B.A.O., D.C.H., D.P.H. (Resigned 31/7/54.)  
 Elsie Catlow, B.Sc., M.B., Ch.B., D.P.H., J.P. (Retired 31/12/54.)  
 W. F. Christian, M.B., Ch.B., D.P.H. (Appointed 15/3/54.)  
 Marguerite E. Cliff, M.D., Ch.B., D.P.H.  
 Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.  
 \*Edith A. Cunliffe, M.B., Ch.B.  
 Marjorie T. Dare, M.B., Ch.B.  
 \*R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.  
 Jeannette Diamond, M.B., Ch.B., D.R.C.O.G., D.P.H. (Appointed 1/7/54.)  
 J. N. Dobson, M.B., Ch.B., D.P.H.  
 D. J. Doherty, M.B., Ch.B., D.P.H.  
 \*Beryl Edgecombe, M.B., Ch.B., D.P.H.  
 T. M. Edward, M.B., Ch.B.  
 W. J. Elwood, M.B., B.Ch., B.A.O., D.P.H. (Resigned 31/3/54.)  
 Mary Evans, M.B., Ch.B., D.P.H.  
 Margaret A. Feeny, M.B., B.Ch., B.A.O., D.P.H.  
 Maud M. Frankland, M.R.C.S., L.R.C.P., D.R.C.O.G.  
 I. A. Fraser, M.B., Ch.B., D.P.H. (Appointed 4/10/54.)  
 G. Fyfe, M.B., Ch.B., D.P.H. (Until 31/7/54.)  
 Isobel M. Fyfe, M.B., Ch.B., D.P.H.  
 D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H.  
 Patricia F. M. B. Gould, M.B., Ch.B., D.P.H.  
 \*E. Graham-Elwell, M.B., Ch.B. (Resigned 31/12/54.)  
 G. G. W. Hay, M.B., Ch.B.  
 W. S. Haydock, B.A., M.D., B.Ch., B.A.O., D.P.H.  
 \*Margaret A. Hayley, M.B., Ch.B.  
 Bessie Howarth, M.B., Ch.B.  
 Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H. (Until 30/6/54.)  
 Lilian W. Hughes, M.B., Ch.B.  
 Dorothy M. James, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D.  
 R. E. Jones, M.B., Ch.B.  
 H. Kempsey, M.B., Ch.B.  
 Barbara M. Knight, M.B., Ch.B., D.P.H.  
 Hilda M. Levis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
 \*W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H.  
 Ella MacDonald, M.B., Ch.B., D.P.H.  
 Alice T. McGlinchey, L.R.C.P. & S.I., D.C.H., D.P.H.  
 J. F. McGovern, M.B., B.Ch., B.A.O., M.Ch., D.P.H.  
 J. McGovern, M.B., Ch.B., D.P.H. (Resigned 25/1/54.)  
 J. McHugh, M.B., B.S., M.R.C.S., L.R.C.P. D.P.H.  
 Sheila L. McKinley, M.B., Ch.B. D.C.H. (Appointed 6/9/54.)  
 D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H. (Resigned 16/5/54.)  
 June M. MacTaggart, M.B., Ch.B., D.P.H. (Resigned 14/6/54.)  
 Susan H. Montgomery, M.B., Ch.B.  
 Alexandrina M. M. Parker, M.B., Ch.B., L.R.C.P. & S., D.P.H., D.T.M. & H. (Retired 3/3/54.)



- J. Patterson, M.B., B.Ch., B.A.O., D.P.H. (Resigned 30/11/54.)  
 J. L. Patterson, M.B., Ch.B., D.P.H. (Appointed 20/9/54.)  
 T. A. Phillips, M.B., Ch.B., D.P.H.  
 W. A. Pollitt, M.R.C.S., L.R.C.P., D.P.H.  
 Roberta T. Rankin, M.B., Ch.B., D.P.H.  
 \*Jean Robson, M.B., Ch.B., D.C.H.  
 \*C. Royle, M.B., Ch.B., D.C.H.  
 P. M. Sammon, M.B., Ch.B., D.P.H.  
 H. G. Seed, M.B., Ch.B.  
 F. Simm, M.R.C.S., L.R.C.P. (Appointed 23/9/54.)  
 Fanny Stang, M.D., L.R.C.P., L.R.C.S., D.P.H.  
 Olive M. Thomas, M.B., Ch.B., D.P.H. (Appointed 6/9/54.)  
 Mary Townend, M.B., Ch.B., D.P.H. (Retired 3/3/54.)  
 D. H. Vaughan, M.B., Ch.B. (Appointed 8/11/54.)  
 \*A. E. Wall, M.B., Ch.B., D.P.H.  
 W. C. Ward, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/10/54.)  
 Sheila M. Wheeler, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H.  
 \*Cecilia F. G. Wild, M.B., Ch.B.  
 J. D. Willins, M.B., Ch.B.  
 C. R. Wilson, M.B., Ch.B., D.P.H.  
 \*A. Withnell, B.Sc., M.B., Ch.B., D.P.H. (Resigned 30/9/54.)

\*Part-time.

#### School Dental Officers.

(Whole-time).

- R. Ackers, L.D.S.  
 C. Allmark, L.D.S. (Appointed 6/9/54.)  
 H. J. Appleyard, L.R.C.P.S., L.R.F.P.S., L.D.S.  
 T. N. Ashall, L.D.S.  
 T. A. M. Ashman, L.D.S.  
 Joan M. Bullough, L.D.S.  
 Margaret E. Caldwell, L.D.S.  
 R. V. Clarke, L.R.C.P. & S., L.D.S. (Resigned 31/12/54.)  
 G. H. Craine, B.D.S.  
 E. Crosbie, L.D.S.  
 F. J. W. Dewhurst, L.D.S.  
 G. Entwisle, L.D.S.  
 A. P. Finlay, L.D.S.  
 J. S. Higham, B.D.S.  
 J. F. Higson, B.D.S.  
 R. E. Hodgson, B.D.S.  
 L. A. Jones, L.D.S.  
 Annelore I. Kurer, B.D.S. (Resigned 11/8/54.)  
 W. A. Linnell, L.D.S.  
 T. G. Lloyd, L.D.S.  
 J. Ogden, B.D.S. (Appointed 1/12/54.)  
 A. W. Poole, L.D.S.  
 Constance Pugh, L.D.S.  
 B. H. Reid, L.D.S.  
 G. C. Royley, L.D.S.  
 A. E. Shaw, B.D.S.  
 H. O. Silcock, L.D.S.  
 I. D. J. Smith, L.D.S.  
 L. E. Stirzaker, L.D.S.  
 H. V. O. Trenbath, L.D.S.  
 A. C. Walker, L.D.S.  
 C. R. Wheeler, L.D.S. (Appointed 3/8/54.)  
 T. H. Wignall, L.D.S.  
 Bertha D. Worswick, B.D.S.



*(Part-time).*

C. Allmark, L.D.S. (until 5/9/54.)  
 H. S. Ashworth, L.D.S.  
 J. Barcroft, L.D.S.  
 J. Bell, L.D.S.  
 A. E. Butler, L.D.S.  
 P. F. Cunningham, L.D.S.  
 A. G. Green, L.D.S.  
 P. G. B. Griffin, L.D.S. (Resigned 15/10/54.)  
 R. Hawksworth, L.D.S.  
 N. P. Hilton, L.D.S.  
 A. Hodgkinson, L.D.S.  
 Beryl Levy, L.D.S.  
 A. B. McHugh, L.D.S.  
 L. Mason, L.D.S.  
 T. Milner, B.Sc., L.D.S. (Appointed 3/3/54.)  
 H. Read, L.D.S. (Appointed 1/7/54.)  
 Maggie Robinson, L.D.S.  
 P. D. Robinson, L.D.S. (Appointed 6/9/54.)  
 J. W. Sidebottom, L.D.S.  
 J. Smith, L.D.S.  
 A. D. Torry, L.D.S.  
 B. de V. Walker, B.D.S. (Appointed 8/1/54.)  
 F. Wallwork, L.D.S.  
 E. B. Watson, L.D.S.  
 T. B. Watson, L.D.S.  
 T. K. Whitaker, L.D.S.  
 W. A. Wolfendale, L.D.S.  
 W. Wright, L.D.S.

**Orthodontists.***(Part-time).*

L. C. E. Hodgkins, L.D.S.	F. D. Rowe, L.D.S.
J. R. E. Mills,	J. W. Softley, B.D.S., F.D.S.
M.Sc., L.D.S., F.D.S.	(Resigned 16/12/54.)

**Dental Anaesthetists.***(Part-time).*

J. B. Davies L.D.S.  
 L. K. Gray, L.D.S.  
 J. S. Johnston, M.B., B.Ch., B.A.O.  
 N. Levy, M.B., Ch.B., D.P.H.  
 W. D. Oliver, M.B., Ch.B.  
 J. F. O'Grady, T.D., M.B., Ch.B., L.A.H.  
 R. S. Ritson, M.A., M.B., Ch.B. (Resigned 30/9/54.)  
 E. Scott, M.R.C.S., L.R.C.P.  
 M. W. Sellars, M.B., B.Ch., B.A.O.  
 J. Tierney, L.R.C.P. & S.  
 F. W. Williams, B.D.S.

**Ophthalmic Surgeons.***(Part-time).*

E. Allen, M.B., Ch.B.  
 H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.  
 J. Berkson, M.B., Ch.B., D.O.M.S., D.A.  
 T. S. Blackledge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.  
 B. Boas, M.D.  
 Pheobina Brittain, B.A., M.B., B.Ch., B.A.O.

J. M. Brodrick, M.R.C.S. L.R.C.P.  
 T. Chadderton, M.R.C.S., L.R.C.P., D.O.M.S.  
 C. M. Geddie, M.B., Ch.B.  
 L. B. Hardman, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.  
 H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.  
 Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.  
 N. MacInnes, M.A., M.B., Ch.B.  
 J. Matthews, M.R.C.S., L.R.C.P., D.P.H.  
 E. J. Mitchell, M.B., Ch.B.  
 J. M. Morrison, M.B., Ch.B.  
 D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.  
 G. A. Renwick, Ch.M., M.B.  
 Dorothy Simmon, M.B., Ch.B.  
 W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.  
 H. V. White, M.C., M.D., Ch.B.

### Aural Surgeons.

*(Part-time).*

A. F. Brown, M.B., Ch.B., F.R.F.P.S., F.R.C.S. (Edin.).  
 J. Evans, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.).  
 M. J. Maxwell, M.B., Ch.B., F.R.C.S. (Edin.).  
 R. H. Smith, M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), D.L.O.  
 A. J. Stout, M.B., Ch.B., F.R.C.S. (Edin.).  
 R. V. Tracy-Forster, M.B., Ch.B., D.L.O.  
 J. M. Wishart, M.B., Ch.B., F.R.C.S. (Edin.).

### Consultant Orthopaedic Surgeon.

*(Part-time).*

Professor Sir Harry Platt, M.S., M.D., F.R.C.S., F.A.C.S.

### Orthopaedic Surgeons.

*(Part-time).*

R. W. Agnew, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).  
 H. G. A. Almond, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S., M.Ch. (Orth.).  
 Jean T. W. Bucknell, M.B., Ch.B.  
 A. P. Gracie, M.B., Ch.B., F.R.C.S.  
 Marguerite F. Johnstone, M.B., Ch.B.  
 I. D. Kitchen, M.B., Ch.B., F.R.C.S. (Edin.).  
 E. Knowles, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), M.Ch. (Orth.).  
 W. Lamont, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).  
 S. M. Milner, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S.  
 C. Murray-Dransfield, M.R.C.S., L.R.C.P., F.R.C.S.  
 J. A. O'Garra, M.B., Ch.B., F.R.C.S.  
 G. V. Osborne, M.B., Ch.B., F.R.C.S. (Edin.), M.Ch. (Orth.).  
 H. C. Palin, M.B., B.Ch.  
 A. Ronald, M.D., Ch.B., F.R.C.S.  
 E. Strach, M.D., F.R.C.S.

### Cardiologist.

*(Part-time).*

A. L. McAdam, M.D., Ch.B.

**Psychiatrists.***(Part-time).*

Anaple F. M. Christie, M.B., B.S., M.R.C.S., L.R.C.P.

Maria Dale, M.D.

Wilhelmina L. Devlin, M.B., Ch.B., D.P.M., D.P.H.

E. Gostynski, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

**Speech Therapists.***(Whole-time).**(Part-time).*

Mrs. B. M. Ashdown. (Resigned 15/10/54.)

Miss M. B. Mortimer.

Miss M. E. Barber.

Mrs. K. M. Stratford. (Appointed 7/4/54.)

Miss M. Beedham.

Miss P. M. Davies. (Resigned 31/10/54.)

Miss M. Dodson.

Mrs. M. C. Jackson.

Miss M. Ireland. (Appointed 15/2/54.)

Miss J. Matthews.

Miss P. A. Morton. (Appointed 1/9/54.)

Miss A. E. M. Paull.

Miss D. M. Purssord.

Miss V. M. R. Sheill.

**Orthoptists.***(Whole-time).**(Part-time).*

Miss P. T. Dalby

Miss J. Allanson.

Miss S. Sutcliffe.

**Itinerant Teachers of the Deaf.**

J. J. Finigan.

Miss H. G. Johnson, B.A.

E. R. Wall.

**Educational Psychologists.**

Miss I. H. Bassom.

P. C. Love, M.A., Ed.B.

Mrs. M. Eysymont, M.A.

Miss E. M. Milbanke, B.A.

**Psychiatric Social Workers.***(Whole-time).**(Part-time).*

Mrs. W. H. Cottrill.

Mrs. H. MacLeod.

Miss S. Pennington. (Resigned 31/8/54.)

Mrs. J. M. F. Swindells.

Miss M. Pugh.

C. L. Sanctuary. (Appointed 23/9/54.)

**Physiotherapists.***(Whole-time).**(Part-time).*

Miss S. Brown.

Mrs. A. P. Bates. (Appointed 26/4/54 ;  
Resigned 30/11/54.)

Mrs. M. Garrett.

Mrs. M. Horrocks.

Miss B. Huxtable.

Mrs. H. Jordan.

Miss M. Johnson. (Appointed 1/9/54.)

Miss E. G. Lee

Miss E. M. Smith.

Mrs. P. Rothwell.

Mrs. E. Wade.

**Chiropodists.***(Part-time).*

N. J. Bell. (Appointed 14/9/54.)

Miss R. Duggan.

Mrs. E. Hargraves.

P. S. Hargreaves.

E. I. Hunt.

### School Nurses and Health Visitors.

Miss I. Ackroyd. (Resigned 24/10/54.)	Miss A. W. M. Fido.
Miss M. Alletson. (Appointed 15/6/54.)	Miss A. G. Forshaw.
Miss J. Andrew.	Miss F. G. Fothergill.
Miss K. Armstrong.	Miss C. E. Fox.
Mrs. A. Ashley.	Miss E. Gammage.
Miss M. L. Ashley.	Miss E. Gardner. (Resigned 28/2/54.)
Mrs. M. Ashton.	Miss L. W. Gilbert.
Mrs. M. M. Ashworth. (Appointed 14/6/54.)	Miss M. Gill.
Miss I. Asquith.	Miss F. M. J. Gillen.
Miss M. Bain	Miss T. Gorton.
Mrs. A. Bamber.	Miss M. Gowan.
Miss M. Barker.	Miss I. Graham.
Miss O. Barrett.	Miss G. E. Gray.
Miss E. W. Bates	Mrs. B. C. Green. (Appointed 13/12/54.)
Miss H. Bateson.	Miss C. Greenhalgh.
Mrs. A. Beaumont.	Mrs. J. Greenhalgh. (Resigned 30/9/54.)
Miss M. Bennett.	Mrs. A. Gregory.
Miss E. Bibby.	Miss H. J. Grieve.
Miss A. Biggs.	Mrs. E. I. Griffiths. (Appointed 12/7/54.)
Miss H. M. E. Black.	Miss E. Gulley. (Appointed 14/6/54.)
Miss M. M. Blackburn.	Miss E. Hall.
Miss M. Blockey.	Miss M. B. Hall.
Mrs. E. Bodley.	Mrs. M. C. V. Hanafiah. (Appointed 14/6/54.)
Mrs. J. Bolt. (Resigned 25/4/54.)	Mrs. M. Hanslip.
Mrs. J. M. Botes.	Miss H. Hargreaves.
Miss L. Brandwood.	Mrs. L. Harker. (Resigned 30/9/54.)
Miss B. Briggs.	Miss E. M. Harrison.
Miss L. Broadbent.	Miss M. Harrison.
Mrs. A. Brooks.	Miss J. E. Hawkins.
Miss A. M. Brunt.	Miss I. Haworth.
Miss M. Bush.	Miss I. Heap.
Mrs. E. M. Butler.	Miss W. Henry.
Miss M. Butler.	Miss D. M. Hexter.
Miss M. Butterfield. (Appointed 15/6/54.)	Miss D. Higham.
Miss G. J. Butterworth.	Miss S. V. Hitchin.
Miss M. M. Byrne.	Mrs. M. Hogg.
Miss N. Cannell.	Mrs. A. Hohenhaus.
Miss W. Chamberlain.	Mrs. E. M. Hollinrake.
Miss V. S. Chamberlin.	Miss S. E. Holt.
Mrs. D. Chapman.	Miss N. M. Houghton. (Appointed 1/12/54.)
Miss F. Charles. (Appointed 1/2/54.)	Miss A. C. Howard.
Mrs. E. W. Christian.	Mrs. L. Howarth.
Miss E. M. Clarkson.	Mrs. P. Howarth. (Appointed 17/11/54.)
Miss M. Cleary.	Miss E. Humphreys.
Miss A. Close.	Mrs. B. Hunter.
Miss K. M. Connor.	Mrs. I. E. James.
Miss M. Conroy	Mrs. I. Jeffrey.
Mrs. E. A. K. Crippen.	Miss M. H. Jenkinson.
Miss D. C. Crook	Miss E. Johnson.
Miss J. M. Crossfield.	Miss M. K. Johnstone.
Miss M. E. R. Curtis.	Miss H. M. Jones.
Mrs. M. Cutler.	Mrs. W. Jones.
Miss A. Davies.	Mrs. H. Kay.
Miss G. Davies.	Miss E. Keenan. (Appointed 24/4/54.)
Miss D. Dawson. (Resigned 14/6/54.)	Miss M. S. Keig.
Miss K. Devlin.	Miss B. A. Kelly.
Miss J. Dickinson.	Mrs. E. K. Kenyon.
Miss D. Dodding.	Miss M. Kenyon.
Miss T. Dunscombe.	Mrs. F. Kerr. (Appointed 6/12/54.)
Miss J. Durose. (Resigned 30/9/54.)	Miss B. W. Knibbs. (Appointed 14/6/54.)
Miss N. B. Dyson.	Miss G. K. Lamb.
Miss P. G. Eden. (Appointed 12/7/54.)	Miss M. Lamb.
Miss J. G. Edis.	Miss E. M. Latham. (Resigned 13/11/54.)
Miss C. M. Edwards.	Miss M. W. Lawson.
Miss M. E. Ellerington.	Mrs. E. Lee.
Mrs. H. Emmott. (Resigned 30/4/54.)	Mrs. J. Lees.
Miss G. Evans. (Resigned 31/1/54.)	Mrs. B. Livesey.
Miss E. B. Ferguson.	Miss G. M. Lloyd.
Mrs. I. Ferguson.	Mrs. E. Lomax.



Mrs. P. Lomax. (Appointed 1/3/54.)  
 Miss M. Luckett.  
 Miss E. Lumber.  
 Miss A. Lynch. (Retired 14/10/54.)  
 Mrs. C. Lynch.  
 Miss C. M. M'Cardell.  
 Miss E. McLennand.  
 Mrs. E. McMullen. (Appointed 1/3/54.)  
 Miss A. M. Makin.  
 Miss B. M. Malone.  
 Mrs. D. Maltman.  
 Miss M. E. Marsh. (Resigned 28/2/54.)  
 Miss E. L. Marsland.  
 Mrs. M. Mather.  
 Miss M. A. May.  
 Miss A. Melia.  
 Miss E. Middlehurst.  
 Miss E. Milligan.  
 Miss L. Milner.  
 Miss E. Mitchell. (Appointed 15/6/54.)  
 Miss A. Molloy. (Retired 21/7/54.)  
 Miss M. A. Moore.  
 Miss M. Morris.  
 Mrs. B. Murphy.  
 Miss M. B. Murray.  
 Miss M. Ogden.  
 Miss M. Openshaw.  
 Miss E. W. Ormerod. (Appointed 14/6/54.)  
 Mrs. M. Owen.  
 Miss M. E. Owens.  
 Miss M. Parkinson. (Appointed 11/10/54.)  
 Miss J. E. H. Paterson.  
 Miss M. E. Pearse.  
 Miss A. Perkins.  
 Miss E. A. Peters.  
 Miss K. M. Peters.  
 Mrs. S. E. R. Pickering.  
 Miss E. Pickup.  
 Miss D. Platt.  
 Miss N. Poole.  
 Miss E. Pope.  
 Miss G. M. Pringle.  
 Miss D. H. Procter.  
 Mrs. E. Prosser.  
 Miss L. Raine.  
 Miss E. M. Rainford. (Resigned 11/9/54.)  
 Miss M. Rawe.  
 Miss D. E. Rhodes.  
 Miss C. P. Richmond.  
 Miss E. H. Rigby.  
 Mrs. W. M. Rigby. (Deceased 29/11/54.)  
 Miss V. Riley.  
 Miss M. V. Rimmer.  
 Mrs. E. E. Robinson.  
 Miss F. M. Robinson.  
 Mrs. L. Robinson.  
 Miss C. R. Ryan.  
 Miss M. H. Ryden.  
 Miss J. Sanderson.  
 Miss I. Sandford.  
 Miss E. L. Sayer.  
 Miss A. J. Scandrett. (Resigned 31/7/54.)

Miss M. Seddon.  
 Miss F. Sharples.  
 Mrs. A. Shaw.  
 Mrs. H. Shaw.  
 Mrs. M. C. Shelley.  
 Miss I. Silcock.  
 Miss M. Simmons.  
 Mrs. T. M. Simmons.  
 Miss E. Singleton.  
 Miss E. L. Smeltzer.  
 Miss A. Smith.  
 Miss C. M. Smith.  
 Mrs. D. Smith.  
 Mrs. G. Smith. (Resigned 8/8/54.)  
 Miss L. Smith.  
 Miss M. Smith.  
 Mrs. N. B. Smith.  
 Miss A. R. Snape.  
 Miss M. Spenceley.  
 Miss J. M. Stables.  
 Miss E. J. Stanley.  
 Mrs. I. Steggles.  
 Miss E. W. Stewart, A.R.R.C. (Retired 15/9/54.)  
 Miss W. V. Sugden.  
 Miss R. Sutcliffe. (Resigned 3/9/54.)  
 Miss H. M. Swain.  
 Mrs. A. L. Taylor. (Appointed 21/6/54.)  
 Miss K. Taylor. (Appointed 15/6/54.)  
 Mrs. A. Thomas.  
 Miss B. O. Thomas. (Resigned 28/2/54.)  
 Miss D. T. Thompson.  
 Miss N. Thornton.  
 Miss J. Tomkinson.  
 Miss K. I. Truman.  
 Miss E. M. Turnbull.  
 Miss W. A. Turton.  
 Mrs. Z. M. Vernon. (Appointed 14/6/54.)  
 Miss G. Waddieor.  
 Mrs. M. I. Walmesley.  
 Miss A. Walton.  
 Mrs. D. G. M. Wardle. (Appointed 1/4/54.)  
 Mrs. A. Webb.  
 Miss J. Webster. (Appointed 1/11/54.)  
 Miss J. M. Webster.  
 Mrs. G. Weir.  
 Mrs. E. Welch.  
 Mrs. W. West. (Appointed 21/6/54.)  
 Miss A. M. Whitaker.  
 Miss B. Whitaker.  
 Miss M. Wild.  
 Miss M. Wilkinson.  
 Miss N. Wilkinson.  
 Miss F. E. Williams.  
 Miss G. Williams.  
 Mrs. K. Williams.  
 Miss M. E. Williams.  
 Mrs. S. E. Williams.  
 Mrs. J. Wilson.  
 Miss M. Wilson.  
 Miss L. M. Winder.  
 Mrs. E. T. Wrigley.  
 Mrs. E. Young. (Appointed 16/6/54.)

#### School Nurses.

Mrs. L. Agers.  
 Mrs. F. C. Ames.  
 Miss E. Banks.  
 Miss I. J. Brown  
 Mrs. N. Cope.  
 Miss L. Coyne.  
 Mrs. M. Crosby  
 Mrs. H. Eaves

Mrs. A. H. Frankland.  
 Mrs. E. Iddon.  
 Mrs. A. E. McKay.  
 Mrs. W. J. Parkinson.  
 Miss L. P. Sparkes.  
 Miss A. Ward.  
 Miss A. Willman.  
 Mrs. S. E. Yates.

**Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.**

**MATRON :** Miss G. I. Davidson.

**HEAD TEACHER :** Miss H. Brown.

**Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.**

**MATRON :** Miss G. Ethall.

**HEAD TEACHER :** Mr. E. G. Sharples.

**Kepplewray Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.**

**MATRON :** Miss N. E. Dent.

**HEAD TEACHER :** Miss G. Abraham.

**Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.**

**MATRON :** Miss M. I. Crossman.

**HEAD TEACHER :** Mr. D. W. Norton.

**Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.**

**MATRON :** Miss L. E. Cooper.

**HEAD TEACHER :** Mr. J. H. Fortescue.



LANCASHIRE COUNTY COUNCIL.

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EDUCATION COMMITTEE

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SCHOOL HEALTH SUB-COMMITTEE.

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FORTY-SIXTH ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

*For the Year ended 31st December, 1954.*

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*To the Chairman and Members of the Lancashire Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the School Health Service for the year 1954.

The report contains details of the various branches of the Service, with special reference to the work being done for handicapped pupils.

The total number of inspections made was 79,798, which was over 4,000 more than in the previous year and the highest number yet made in a year. The significance in the life of the community of such a large number of examinations cannot be doubted when it is remembered that their primary purpose is preventive and educative.

Many examples may be taken from the report, illustrating how the emphasis in the Service has now moved from the mere ascertainment and treatment of defects to discovering ways of meeting the individual needs of children, through education and prevention, so that they may live full and useful lives. The cardiac clinic which has been held for some years in the Darwen area has shown very strikingly how necessary it is to achieve an accurate assessment of cardiac conditions in children, if only to make certain that they are not subject to totally unnecessary restrictions. A child's outlook can be profoundly affected, perhaps permanently, through providing special care for which there is no need. Another example is the chiropody service through which we have found, as others have done, that possibly its main value will turn out to be in the opportunity it gives to educate parents in regard to the need to take trouble in choosing the right footwear for their children. Defects in the feet are still arising, unfortunately, from mistakes of this kind.

In no branch of the School Health Service is the necessity to appreciate the individual needs of children seen so vividly as that dealing with handicapped children. The great advance which has taken place in this field during the past few years is a sign that this need has been widely recognised. In Lancashire perhaps the most important step has been the setting up of residential schools to take the most difficult cases. The chief needs in this direction, a few years ago, were for schools for physically



handicapped, epileptic and delicate children. The extensions at Keppleway Special School for physically handicapped girls were finished during the year, and with the two special schools for boys similarly handicapped, at Bleasdale House and Singleton Hall, this now completes the Committee's scheme to make adequate provision in the way of residential care for all those physically handicapped children who need it. In the same way all epileptic children in the County area can be accommodated at Sedgwick House, a very different position from that obtaining a few years ago. With regard to delicate children, Broughton Tower Special School provides for junior children and other arrangements can readily be made for the seniors. A few years ago it appeared to the Committee that additional residential schools for delicate children would be needed but experience shows that the present provision is adequate. This is undoubtedly due in the main to the improved health of school children.

Mention should be made of the special report on spastic children, or, more precisely, those children suffering from cerebral palsy. Careful enquiry has shown that in the County Area educable spastic children are now well provided for, either in residential schools or at day schools. All are being educated and there are very few indeed who are not receiving the special treatment they need, either through the School Health Service or by other means. The special schools in Lancashire have all the necessary facilities to help these children but by far the most important factor in achieving success is for the staff to be adequate in number and of the right quality. In this respect the Lancashire schools have been singularly fortunate.

The Committee have been most anxious that Brynbella, the hostel for maladjusted boys, should be re-opened as soon as possible and were very glad to find towards the end of the year that arrangements could be made for this to be done. A warden was appointed and the hostel subsequently opened.

The second new clinic since the war was opened at Mossley. The building of new clinics has perforce been slow during the past few years, but a programme of building has now been fixed, providing for premises which are badly needed in many areas.

In conclusion I again wish to express to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due, especially, to the Education Committee for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your Obedient Servant,

S. C. GAWNE.

*County Medical Officer of Health  
and Principal School Medical Officer.*

School Health Department,  
East Cliff County Offices,  
September, 1955.  
(Telephone : Preston 4868).

### GENERAL STATISTICS.

The table below shows the number of maintained schools in the County area on the 31st December, 1954, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery ... ..	41	1,670
Primary ... ..	989	218,208
Secondary (Modern) ... ..	141	55,494
(Grammar) ... ..	47	23,159
(Technical) ... ..	13	2,390
Special (Day) ... ..	8	586
(Residential) ... ..	7	283
(Hospital) ... ..	5	245
Total ... ..	1,251	302,035

In addition, Periodic Medical Inspection has been extended to six non-maintained schools, the number of pupils on roll being 3,587.

### CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the Principal School Medical Officer and the Chief Welfare Officer and the medical staff in the central office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

#### *Divisional Administration.*

Seventeen health divisions were established in 1948, the areas being as far as possible co-terminous with those of the hospital districts in order to facilitate the co-ordination of all the medical services. The delegated functions are administered by representative divisional health committees to whom the chief adviser is the divisional medical officer appointed by the County Council. Although the areas and populations covered are different from those served by the divisions set up for educational purposes, the number of which is 24, together with two Excepted Districts, a very considerable degree of integration of the two services is possible, as the divisional medical officer is also the divisional school medical officer for the whole of his division. The assistant medical officers and health visitors and school nurses of the division are all responsible for much of the work entailed in both the National Health and the School Health Services.

There is further co-ordination through the employment of divisional medical officers and assistant divisional medical officers as medical officers of health of the County Districts and in 82 out of 108 districts, medical officers of the County staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but have responsibilities also in the care of mothers and young children. With few exceptions the school nurses are also health visitors.

The advantages of these arrangements have been manifest, and the fact that the same officers undertake responsibilities in the different services enables them constantly to view the health services as a whole, a matter of real moment to those for whom the services are provided. The officers are, by these means, provided with great opportunities for dealing with problems of preventive medicine on a wide basis.

The following table shows the relationship in 1954 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14.
5	7	5, 9.
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	—	20, 23
15	22	18, 21
16	Stretford Ex. Dist.	21
17	24.	23

*Diphtheria Immunisation.*

The scheme of the County Council for immunisation lays upon health visitors, most of whom are also school nurses, the duty of ensuring that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools and school clinics. In addition, general medical practitioners take part in the scheme, either by conducting sessions or in the course of their private practice.

The table below shows the number of children immunised during 1954, together with those so protected during each of the previous eight years :—

Year.	Number who completed a full course of primary immunisation during year at ages—			Number of reinforcement injections given ( <i>i.e.</i> , subsequent to complete course).
	Under five.	5—14 inclusive.	Total under 15 years.	All children under 15 years of age.
1954 ...	21,095	3,922	25,017	23,793
1953 ...	19,323	3,764	23,087	26,856
1952 ...	21,817	3,908	25,725	25,506
1951 ...	23,145	3,211	26,356	19,859
1950 ...	21,334	3,814	25,145	17,370
1949 ...	25,937	5,993	31,930	24,956
1948 ...	26,315	3,801	30,116	17,755
1947 ...	22,909	4,486	27,395	16,277
1946 ...	21,684	7,078	28,762	20,824

Of the 23,793 children who were given reinforcement injections, 21,811 were of school age.

Personal approach by the health visitors and school nurses both in the course of their visits to the home and at the school clinics and child welfare centres, is still regarded as the best way to encourage parents to have their children immunised. This is supplemented in varying degrees in the several divisions by such means as the distribution of leaflets, display of posters, use of first birthday cards, press advertisements, cinema shows, talks by medical and nursing staffs to parent/teacher associations and other organisations. At the commencement of school life a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals.

From the following table it will be seen that the percentage of school children immunised has now reached 82·7.

## SUMMARY OF IMMUNISATION STATE OF CHILD POPULATION AT END OF 1954.

Year.	Children under five years.			Children aged 5—14 inclusive.		
	Number Immunised.	Estimated Population.	Per cent. Immunised.	Number Immunised.	Estimated Population.	Per cent. Immunised.
1954 ...	81,744	148,000	55·2	251,472	304,000	82·7
1953 ...	80,812	151,000	53·5	242,209	298,000	81·3
1952 ...	85,644	157,200	54·5	226,564	287,400	78·8
1951 ...	88,826	168,161	52·8	215,594	276,470	78·0
1950 ...	86,202	168,780	51·1	207,341	272,080	76·2
1949 ...	84,833	167,430	50·7	195,417	265,800	73·5
1948 ...	80,069	165,111	48·4	183,861	258,898	71·0
1947 ...	74,145	155,203	47·7	191,518	248,371	77·1
1946 ...	68,813	142,622	48·2	185,100	247,107	74·9



## MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds.

### 1.—Periodic.

The Education Act provides that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made at certain times during school life and the parent cannot refuse to submit the child for inspection unless there is a reasonable excuse.

New regulations issued by the Ministry of Education in 1953 require a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school life, and other medical inspections of any pupil on such occasions as may be necessary or desirable. For the time being, the ages for periodic examination continue as previously, that is, on the first entry into a maintained school, at the age of 10, and during the last year at school.

So far as is practicable, the parent of every day pupil is given the opportunity of being present at the general medical inspections and it will be seen from the table below that 28,863 parents were present at periodic inspections of a total of 79,798 children. The number of periodic medical inspections, 79,798, the highest number yet seen in one year shows an increase of 4,037 over last year's figure of 75,761. There was, however, a slight fall in the number of parents attending. The presence of the parent greatly enhances the value of the medical inspection and every encouragement is given to the parents to consult the school medical officers not only at the routine medical inspections but also at the school clinics. Many school medical officers have commented upon the interest and co-operation shown by the parents and in some areas where the fathers are on shift work, the attendance of the father at medical inspection or clinic is not unusual, and is welcomed by the staff.

### 2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

### 3.—Re-inspection.

This is for children who, at a previous inspection, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1954 :—

Number of Schools in which Periodic Medical Inspection was							
completed	...	...	...	...	...	...	932
Number of Pupils examined :—							
“Entrants”	...	...	...	...	...	...	35,769
“Second Age Group”	...	...	...	...	...	...	25,648
“Third Age Group”	...	...	...	...	...	...	18,381
Total (Prescribed Groups)...							79,798
<hr/>							
Number of Special Inspections	...	...	...	...	...	...	40,421
Number of Re-inspections	...	...	...	...	...	...	49,712
Number of Parents present at Periodic Inspections	...	...	...	...	...	...	28,863
Number of Parents present at Special Inspections	...	...	...	...	...	...	20,353

### PERIODIC MEDICAL INSPECTION.

Year.	No. of Schools whose inspection was completed.				No. of Pupils inspected.
1954	...	...	932	...	79,798
1953	...	...	865	...	75,761
1952	...	...	862	...	71,328
1951	...	...	846	...	65,734
1950	...	...	873	...	64,577
1949	...	...	932	...	72,920
1948	...	...	807	...	62,585
1947	...	...	802	...	57,074
1946	...	...	795	...	67,449
1945	...	...	778	...	60,643

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (C),\* and Table 2 (A)\* gives a detailed analysis of the defects found at periodic and special inspections.

*General Condition.*

The figures in Table 2 (B)\* show, once again, that the proportion of children with “ poor ” general condition diminishes steadily. This trend has been present for the past few years, as shown in the following figures :—

Year.	Good.			Fair.			Poor.		
1954	...	...	45·02	...	...	53·62	...	...	1·33
1953	...	...	43·77	...	...	54·65	...	...	1·57
1952	...	...	40·68	...	...	57·36	...	...	1·95
1951	...	...	40·86	...	...	57·05	...	...	2·08
1950	...	...	39·33	...	...	58·13	...	...	2·54
1949	...	...	40·31	...	...	56·78	...	...	2·91
1948	...	...	35·87	...	...	60·62	...	...	3·51
1947	...	...	40·17	...	...	56·00	...	...	3·83

\* For these tables please refer to Appendix.

It should be remembered that while these figures are encouraging, taken in the aggregate, such clinical assessments of general condition cannot have the same significance for individual children unless they are repeated at regular intervals.

*Uncleanliness.*

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been a potent factor in reducing the incidence of uncleanliness. That there is still much work to be done in this field is shown by the fact that 5·0 per cent. of children on the school roll were found to be verminous in 1954—an increase from 4·8 per cent. last year. This state of affairs is far from satisfactory, and the work which the nurses have to do in dealing with the minority of families who are persistently verminous is time consuming and often discouraging. There can be no doubt that in most cases the school children are re-infested from other members of the family especially the mother or older sisters and unless the health visitor can gain the co-operation of all the members of the family the children can hardly be expected to remain free from pediculosis.

Modern methods of treatment of this condition are so much more effective than previous methods that it is disappointing that the decrease in infestation has not been more rapid.

Cleanliness inspections were carried out in the schools during the course of 10,005 visits by the school nurses, an average of 8·0 for each school for the year. At these visits 584,286 examinations were made and 15,127 children were found to be verminous. This was 774 more than in 1953.

Comparative figures for the last 10 years are shown below :—

							Percentage of Children verminous on School Roll.
1954	...	...	...	...	...	...	5·0
1953	...	...	...	...	...	...	4·8
1952	...	...	...	...	...	...	5·8
1951	...	...	...	...	...	...	6·3
1950	...	...	...	...	...	...	6·7
1949	...	...	...	...	...	...	7·0
1948	...	...	...	...	...	...	6·6
1947	...	...	...	...	...	...	7·5
1946	...	...	...	...	...	...	8·7
1945	...	...	...	...	...	...	10·2

PERCENTAGE OF CHILDREN VERMINOUS ON SCHOOL ROLL IN EDUCATION  
EXECUTIVE AREAS.

Education Executive Area.	1954	1953	Education Executive Area.	1954	1953
	%	%		%	%
1	1.32	1.02	14	7.63	6.34
2	3.10	4.68	15	2.95	4.02
3	3.61	4.54	16	13.69	7.30
4	1.32	1.46	17	4.51	5.58
5	3.62	3.15	18	4.21	5.82
6	2.54	3.01	19	2.87	2.65
7	3.11	3.00	20	5.47	7.05
8	4.89	7.10	21	0.65	1.36
9	5.63	4.55	22	3.91	5.65
10	3.08	1.86	23	6.57	8.17
11	2.27	2.37	24	5.15	5.51
12	5.97	6.16	Stretford Excepted Dist.	3.60	3.71
13	6.94	4.60	Widnes Excepted Dist.	12.19	8.95

### ARRANGEMENTS FOR MEDICAL TREATMENT.

#### MINOR AILMENTS.

Minor ailments are treated at 91 school clinics where doctor, nurse, parent and child are able to meet together. Children are seen there who have been referred by the school doctor for further investigation or treatment in addition to the large numbers who come for the treatment of a great variety of minor ailments. Others are brought by the parents for consultation with the doctor.

Many additional clinics are still required, some urgently. A new clinic was opened in Mossley during the year, a badly needed replacement of other premises. The erection of new clinics has since been commenced on new housing estates in Kirkby and Little Hulton and the building of new clinics will begin shortly in Golborne, Maghull, Middleton, Rawtenstall and Royton.

#### SKIN DISEASES.

There was a fall in the number of children treated for ringworm. There was no local outbreak of the disease. The numbers treated in school clinics during the past few years are as follows :—

1954 ...	...	...	...	...	...	...	74
1953	...	...	...	...	...	...	78
1952 ...	...	...	...	...	...	...	87
1951 ...	...	...	...	...	...	...	115
1950 ...	...	...	...	...	...	...	112
1949 ...	...	...	...	...	...	...	156
1948 ...	...	...	...	...	...	...	268
1947 ...	...	...	...	...	...	...	259
1946 ...	...	...	...	...	...	...	309



There was again a reduction in the number of children treated for scabies in school clinics by 24·4 per cent., an improvement which has continued steadily since 1946, as shown below.

1954 ...	...	...	...	...	...	...	68
1953 ...	...	...	...	...	...	...	90
1952 ...	...	...	...	...	...	...	108
1951 ...	...	...	...	...	...	...	136
1950 ...	...	...	...	...	...	...	222
1949 ...	...	...	...	...	...	...	405
1948 ...	...	...	...	...	...	...	608
1947 ...	...	...	...	...	...	...	1,363
1946 ...	...	...	...	...	...	...	2,460

The increase in the number of cases of impetigo, noted in the last two years has been very small this year as the following figures show :—

1954 ...	...	...	...	...	...	...	1,929
1953 ...	...	...	...	...	...	...	1,914
1952 ...	...	...	...	...	...	...	1,650
1951 ...	...	...	...	...	...	...	1,473
1950 ...	...	...	...	...	...	...	1,534
1949 ...	...	...	...	...	...	...	1,613
1948 ...	...	...	...	...	...	...	2,256
1947 ...	...	...	...	...	...	...	3,082
1946 ...	...	...	...	...	...	...	4,154
1945 ...	...	...	...	...	...	...	5,863

#### DEFECTIVE VISION AND SQUINT.

The number of children found at periodic inspection to have defective vision was 6,445 or 8·07 per cent. of those examined, and of these 2,690 were found to require spectacles. 2,758 children were found to have defective vision, at special inspections, and of these 1,694 required spectacles.

There are in the County 66 ophthalmic clinics attended by ophthalmic surgeons for carrying out refractions and prescribing spectacles, which were up to July 5th, 1948, supplied through the Committee's arrangements with various opticians throughout the County. The supply of spectacles is now a function of the Local Executive Council with whom there has been the closest co-operation, and spectacles are obtained through opticians who are recognised by the Local Ophthalmic Services Committees. The greatly increased demand for the supply of spectacles since 1948 resulted, as is well known, in a much longer waiting period after their prescription. The position was most serious in 1949 when only 26 per cent. of the number of glasses prescribed were actually supplied during the course of the year. The number increased to 57 per cent. in 1950 and 70 per cent. in 1951, fell to 68·6 per cent. in 1952 but rose to 83·9 per cent. in 1953 with a further rise to 87·9 per cent. in 1954. There was some variation in the length of the waiting period from area to area.

Orthoptic clinics for the treatment of squint were held at three centres in Eccles, Nelson and Waterloo. At all clinics 458 children attended for treatment, 122 of whom were referred to hospital for operative treatment. The willing co-operation of the parents and the high percentage of good attenders are features at all clinics.

The main work of the clinics is to supervise orthoptic exercises after adequate care has been given to the question of diagnosis. For many children this is sufficient without the necessity for operative treatment and even those treated by operation need orthoptic exercises afterwards. Those attending who are too young for these exercises are treated by occlusion and periodic vision checks. While there is no standard age for beginning these exercises most children of seven years or more are able to carry out the necessary treatment under supervision. There is in practice some variation in the age at which a child can do so, depending on the intelligence and confidence of the child.

All three orthoptists speak of the high proportion of young, pre-school children who attend for treatment and this is most satisfactory. There is no doubt that the work of the health visitors and school nurses in drawing the attention of parents to these defects in their early stages and the readiness of parents to act on the advice given are contributing to the prevention of more serious handicaps.



## DISEASES OF EAR, NOSE AND THROAT.

Minor diseases of the ear, nose and throat are treated mainly at the minor ailment clinics and 4,189 children received treatment for these conditions during the year. Sessions are also held in nine areas attended by specialists to whom medical officers refer children for further consultation. These sessions are valuable in providing an opportunity for the specialists to confer with parents and school doctors.

There is a close co-operation between the medical officers in the service, the hospital specialists and the general practitioners and many children are referred to hospital for treatment. The number of children treated by operation for adenoids and chronic tonsillitis rose from 3,288 to 3,568. There has been a reduction in the waiting period for treatment in most cases and in only a few areas is the position still unsatisfactory.

## CHIROPODY.

The Chiropody Service was further extended during the year by the establishment of a clinic at Ashton-under-Lyne in September. Details of these activities are given below :—

Clinic.	Cases Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Ashton-under-Lyne ...	52	23	11	1	3	14
Darwen ...	112	88	4	1	2	17
Eccles ...	172	89	18	13	13	39
Farnworth ...	65	64	1	...	...	...
Morecambe ...	46	20	2	2	3	19
Swinton ...	182	95	23	8	18	38
Total ...	629	379	59	25	39	127

Two chiropodists have noted an increase in the frequency of hallux valgus, particularly in the older, 13 to 16 year age group in girls. There may be many reasons for this. It appears that many girls of this age are sent to buy their own shoes and very often are not measured. There is difficulty in buying a shoe long enough, yet in other ways suitable for girls of this age. Both chiropodists are of the opinion that the widespread use of the "casual" shoe is largely responsible. This is usually a low cut shoe and is far too often worn short to enable the foot to retain the shoe during movement. Problems such as this show the kind of opportunities that arise for educative work at these clinics.

## CARDIAC CLINIC.

For some years a special cardiac clinic has been held in Darwen and the following is a report of the work from Dr. R. C. Webster, the Divisional Medical Officer :—

"In 1947, the late Dr. Jane O. Millar, School Medical Officer in Darwen, arranged with Dr. A. L. McAdam, Physician to Blackburn Royal Infirmary, for the holding each quarter of a Consultant clinic for the investigation of cases of suspected heart disease in children. These were children in whom clinical findings at clinics and school medical inspections had aroused suspicion, or sometimes children whose parents sought advice. In the eight-and-a-half years up to June, 1955, 108 children have been investigated. The approximate percentage findings are :—normal hearts, 33 per cent. ; functional murmurs, 33 per cent. ; acquired lesions due to "rheumatic" infection, five per cent. ; acquired lesions arising from extra-cardiac chest conditions, eight per cent. ; congenital heart disease, 20 per cent.

"In addition to clinical examinations, use has been made of the electro-cardiograph, X-ray and blood examinations. The clinic is held at the Darwen Open Air School ; more than one-third of these children have, at some period of their school life, attended this school, which provides a more sheltered environment than the ordinary school.

"The findings show the relatively small importance nowadays of rheumatism as a causal factor, although, of course, in the individual case the lesions so produced may be an important cause of disability. The much higher incidence of congenital lesions is clearly seen. It is perhaps surprising that in over half the cases of congenital lesions septal defects have been diagnosed ; this compares with 20 per cent. in Maud Abbott's series of 255 cases. Other congenital lesions found have included pulmonary stenosis, Fallot's tetralogy and Eisenmenger's syndrome.

"Although the clinic has been in close and frequent touch with a thoracic surgeon it is plain that most of these children are unsuitable for surgery within the limits generally established at present. In one very interesting child, the clinical signs still very strongly suggest a patent ductus arteriosus, and the E.C.G. seemed to support this. The X-ray findings, however, were less clear. The diagnosis seemed sufficiently clear to warrant thoracotomy but the condition proved to be inoperable. Until one reads the notes it is most puzzling in this instance to see the typical operation scar on the chest and yet find, on examination, the characteristic murmur.

"In two out of every three cases (33 per cent. "normal"; 33 per cent. "functional") no significant heart disease was found. This is of very great value; it prevents those groundless fears and avoids those unnecessary restrictions which would otherwise have weighed so heavily on these children.

"In what does the special value of such a clinic as this lie? Firstly, it affords opportunities for the continuous, unhurried study of heart lesions, or suspected lesions, in children without the crowded and more hurried conditions of a medical out-patient department, so much less favourable for patient and consultant alike. Secondly, it makes for a close relationship, and interchange of information between parents, teachers, school medical and nursing staff, and consultant, which is of the highest value for all parties.

"It may be that, in the future, this unusual clinic will be taken over by the general medical or paediatric departments in the hospital, but even if this be so, the lessons it has taught to parents, teachers and school health staff, will endure. For myself, I feel it has a continuing role of great value to play; the experience of over eight years has shown this, and just as, notwithstanding the existence of departments of surgery, of ophthalmology or of otology, there is a place for school orthopaedic clinics, refraction and orthoptic clinics, and audiometric clinics, so also there is a place for a special cardiac clinic for children. The problems of heart disease in the school child and in the pre-school child have their own peculiar features, dependent on the specialised way of life of the child at school, and on the period of growth, which warrant a special approach.

"In preparing these notes, I must acknowledge my great debt to the excellent records kept by the late Dr. Jane O. Millar, a sound clinician, with a special gift for clear and full record keeping. It is to her initiative this valuable clinic owes its very existence."

#### ORTHOPAEDIC AND POSTURAL DEFECTS.

There has been no change in the arrangements for the admission of children from the County area to the Biddulph Grange Orthopaedic Hospital, now controlled by the Midland Regional Hospital Board. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopaedic Hospital. These are all recognised as special schools and full provision is made for the varying educational needs of the children while treatment, which is often prolonged, is being carried out. The Lancashire Education Committee continues to be responsible for the provision of the educational requirements at the Biddulph Orthopaedic Hospital.

There are 28 after-care centres in the County, each visited at least once a month by an orthopaedic surgeon.

Mrs. M. Garrett, physiotherapist at the Earlestown, Haydock and Prescot Orthopaedic Clinics reports on a new aspect of the work as follows:—

"This year hydrotherapy was started for some of our crippled cases in co-operation with the St. Helens hospital and the St. Helens County Borough Council. Weekly sessions are held of an hour each when I treat about six children suffering from such conditions as infantile paralysis, cerebral palsy and congenital scoliosis."

"The water is specially heated to about 84° which induces relaxation and allows the children to move their limbs freely. They learn to float and then swim either on their faces or backs, according to their particular disability. Group exercises are carried out at the handrail. The children are taught to climb in and out of the bath themselves, but learn to swim in the early stages with rubber air-rings.

"A swimming gala was organised in the Autumn to encourage the children in their new venture. All children able to move themselves through the water, however slowly, were allowed to race. This was thoroughly enjoyed by competitors and onlookers alike.

"It is hoped, not only to give the children exercises to benefit their condition, but to help them lose any sense of inferiority their disability may give them by teaching them to swim like other children.

"Physically they are getting stronger and the improvement can be seen in their walking. Mentally it has given the promise of better things ahead."

The following tables give some details of the hospital treatment received in 1954 :—

	Biddulph Orthopaedic Hospital.		Ethel Hedley Orthopaedic Hospital.	Rochdale Children's Orthopaedic Hospital.	Heswall Country Hospital.
	Cases admitted under Orthopaedic Scheme.	Cases admitted outside the Scheme.			
In-patients, 1st January, 1954 ...	34	37	15	10	5
Admitted during the Year ...	50	103	28	30	9
Discharged during the Year ...	59	96	25	30	8
Remaining on 31st December, 1954 ... ..	25	44	18	10	6

Name of Hospital.	Congenital Defects.			Diseases of the Central Nervous System.		Affections of Bone.	Acquired Defects.	Total Defects.
	Spine.	Upper Limbs.	Lower Limbs.	Anterior Polio- Myelitis.	Spastic Paralysis.			
Biddulph— Cases admitted under Orthopaedic Scheme ... ..	6	1	9	14	5	8	7	50
Cases admitted outside the Scheme ... ..	6	4	33	11	5	19	25	103
Ethel Hedley ...	4	...	6	5	...	4	9	28
Rochdale Children's	2	...	15	2	2	5	4	30
Heswall Country ...	...	...	2	2	1	3	1	9
Total ... ..	18	5	65	34	13	39	46	220

#### *After-Care Centres.*

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended ... ..	4,362	1,872
Total number of attendances made ... ..	19,033	6,168
No. of children referred to Consultant Orthopaedic Surgeon at Hospitals ... ..	76	13
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital ... ..	120	20
No. of plasters made at centre ... ..	40	14
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres ... ..	1,973	795
No. of children given remedial exercises ... ..	1,701	497



Defects from which children were suffering :—

							Children Attending School.		Pre-School. Children.
Paralysis—									
Infantile	...	...	...	...	...	...	149	...	10
Spastic	...	...	...	...	...	...	120	...	46
Other	...	...	...	...	...	...	8	...	7
Deformities—									
Congenital	...	...	...	...	...	...	352	...	253
Traumatic	...	...	...	...	...	...	74	...	6
Other	...	...	...	...	...	...	3,443	...	1,434
Rickets	...	...	...	...	...	...	18	...	44
Infections	...	...	...	...	...	...	66	...	4
Tuberculosis	...	...	...	...	...	...	7	...	...
Tumours	...	...	...	...	...	...	15	...	4
Miscellaneous	...	...	...	...	...	...	110	...	64
Total							4,362	...	1,872

#### SCHOOL CLINIC ATTENDANCES.

The following table shows the number of sessions held and the number of attendances made at the 354 departments in 106 school clinic premises :—

							Attendances.		
Department.				No. of Clinics.		No. of Sessions.	Pupils in Attendance at School		Pre- School Children.
Minor Ailments and Inspection				91	...	12,614	...	141,233	4,716
*Dental	...	...	...	75	...	16,114	...	119,892	5,791
Orthodontic	...	...	...	5	...	695	...	4,469	...
Ophthalmic	...	...	...	66	...	2,547	...	31,847	3,146
Orthoptic	...	...	...	3	...	828	...	5,578	931
Ear, Nose and Throat	...	...	...	9	...	131	...	1,973	326
Orthopædic—									
Administrative County Clinics...				28	...	2,031	...	19,033	6,168
County Borough Clinics				3	...	522	...	1,999	773
Artificial Light	...	...	...	16	...	1,327	...	15,618	8,247
Speech Therapy	...	...	...	46	...	4,644	...	21,465	563
Chiropody	...	...	...	6	...	244	...	2,518	73
Child Guidance	...	...	...	4	...	801	...	2,760	...
Miscellaneous—									
Asthma, Cardiac				2	...	14	...	99	15
Total				354	...	42,512	...	368,484	30,749

\* In addition Nursing and Expectant Mothers made 5,058 attendances at the Dental Clinics during the year.

The table on the following pages shows attendances made at individual clinics :—

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPEDIC.		EAR, NOSE AND THROAT.		ORTHOPÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Accrington	2210	316	2665	95	61	...	931	45	...	...	...	...	...	...	2008	600	719	20	...	...	...	...
Ashton-under-Lyne	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2348	2212	1535	10	...	...	...	...
Ashton-under-Lyne, Richmond House	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ashton-under-Lyne, Water Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ashton-in-Makerfield	4858	1	3616	122	72	...	1355	54	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aspull	1795	20	1406	14	72	...	618	31	...	...	...	...	...	...	...	...	622	8	128	6	...	...
Atherton	186	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atherton	1299	...	1008	39	142	...	837	104	...	...	...	...	...	...	1044	856	...	...	...	...	...	...
Audenshaw	1711	60	1413	72	14	...	549	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bacup	1823	71	1441	58	21	...	349	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bamber Bridge	536	6	1258	42	31	...	290	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Banks	...	...	287	7	1	...	...	...	...	...	...	...	...	...	...	...	177	18	...	...	...	...
Blaithburn, Lord Street	...	...	...	...	...	410	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	555	4	453	15	3	...	156	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	319	...	945	103	49	...	195	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	523	9	...	...	...	...	393	44	...	...	...	...	...	...	124	122	...	...	...	...	...	...
Blaithburn, Lord Street	445	12	2541	153	110	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	1881	18	2970	79	24	...	1158	82	...	...	...	...	...	...	1026	...	351	28	...	...	...	...
Blaithburn, Lord Street	451	13	...	...	...	...	162	47	...	...	...	...	...	...	...	...	261	18	...	...	...	...
Blaithburn, Lord Street	...	...	1183	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	4801	30	2051	131	61	...	737	102	...	...	...	...	...	...	1473	465	...	...	...	...	...	...
Blaithburn, Lord Street	942	15	1650	34	35	...	278	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	548	26	2007	57	38	...	...	...	...	...	...	...	...	...	...	...	191	16	...	...	...	...
Blaithburn, Lord Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	6197	470	1899	88	107	400	1788	258	1339	275	745	123	2654	651	687	408	227	38	...	...	...	...
Blaithburn, Lord Street	553	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	1079	75	1287	49	257	...	182	38	...	...	...	...	...	...	...	...	602	...	...	...	...	...
Blaithburn, Lord Street	1479	60	1168	17	67	...	377	118	...	...	...	...	...	...	918	334	...	...	...	...	...	...
Blaithburn, Lord Street	969	7	1836	171	4	...	240	30	...	...	...	...	...	...	...	...	828	29	...	...	...	...
Blaithburn, Lord Street	4557	160	...	...	...	...	...	...	...	...	...	...	...	...	...	...	398	74	...	...	...	...
Blaithburn, Lord Street	2040	10	3220	70	87	...	472	39	...	...	...	...	...	...	...	...	501	4	...	...	...	...
Blaithburn, Lord Street	842	1	1125	14	16	...	499	35	...	...	...	...	...	...	...	...	377	...	...	...	...	...
Blaithburn, Lord Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	3898	194	2499	34	1	...	258	39	...	...	...	...	...	...	...	...	362	3	...	...	...	...
Blaithburn, Lord Street	725	6	1711	37	26	2443	605	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blaithburn, Lord Street	6583	662	3201	258	354	...	832	68	...	...	...	...	...	...	...	...	500	...	...	...	...	...
Blaithburn, Lord Street	888	...	2578	89	60	...	288	27	...	...	...	...	...	...	...	...	366	30	...	...	...	...
Blaithburn, Lord Street	122	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

(a) Pupils in Attendance at School ; (b) Pre-School Children ; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Haslingeen ...	3100	38	820	26	56	...	414	38	...	...	...	...	...	...	1012	188	...	...	...	...	...	...
Haydock ...	650	28	623	48	33	...	373	75	...	...	...	...	...	...	...	...	160	6	...	...	...	...
Heywood ...	2481	130	3135	75	87	...	412	54	...	...	...	...	...	...	...	...	475	5	...	...	...	...
Hindley ...	2119	16	1287	38	35	...	372	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Horwich ...	1416	19	1075	94	35	...	756	105	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Derby Road	1841	29	4910	397	737	696	603	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Fairclough Road	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Twig Lane	5910	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	952	1	...	...	520	...
Ince ...	1584	28	119	18	39	...	270	64	...	...	...	...	...	...	...	...	787	7	...	...	...	...
Irlam ...	213	6	641	55	1	...	359	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kearsley ...	1105	81	882	25	222	...	480	36	...	...	...	...	...	...	...	...	144	3	...	...	...	...
Kirkham ...	1286	16	608	101	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Thurnham House	2502	44	3692	131	15	...	672	21	...	...	269	27	824	117	...	...	...	...	...	...	...	...
Lancaster, Marton Street...	56	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Ryelands	1327	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	663	...	...	...	...	...
Leigh, Stone House	2147	33	2532	...	...	...	504	76	...	...	...	...	...	...	607	135	...	...	...	...	...	...
Leigh, Westleigh Lane	69	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Market Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Nangreaves Street...	260	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Boundary Street	483	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leyland ...	481	231	1548	30	14	...	530	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Litherland, Linacre Road	2126	96	1504	67	204	...	631	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Litherland, Sefton Avenue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Littleborough ...	656	1	858	7	57	...	244	...	...	...	...	...	1290	537	...	...	381	13	...	...	...	...
Longridge ...	508	21	1017	12	...	...	334	20	...	...	...	...	...	...	...	...	469	...	...	...	...	...
Lytham, Bath Street	352	11	628	33	...	...	...	...	...	...	...	...	...	...	...	...	241	...	...	...	...	...
Lytham, St. Annes	296	11	690	...	...	...	370	53	...	...	109	17	...	...	...	...	204	13	...	...	...	...
Maghull ...	341	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Middleton ...	4085	60	2023	64	7	...	555	102	...	...	...	...	...	...	756	139	484	...	...	...	...	...
Milnrow ...	977	16	1075	28	22	...	273	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morecambe, Euston Road	1752	...	1828	...	4	...	...	...	...	...	53	...	492	185	...	...	383	67	435	24	...	...
Morecambe, St. James Hall	212	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mossley ...	1667	2	690	1	4	...	119	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nelson, Carr Road	3512	289	643	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nelson, Manchester Road	836	27	609	...	3	...	1072	46	1545	199	...	...	673	251	...	...	1103	...	...	...	...	...
Ormskirk ...	925	14	1080	13	95	...	...	...	...	...	...	...	1096	212	...	...	358	...	...	...	...	...
Orrell ...	281	1	1182	21	68	...	558	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Oswaldtwistle	525	31	1125	3	5	...	81	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Padham ...	1336	21	1339	...	21	...	271	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poulton-le-Fylde ...	1288	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

(a) Pupils in Attendance at School ; (b) Pre-School Children ; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPHTHIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)		(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Preston ... ..	521	11	1874	206	452	...	327	25	...	...	...	...	746	125	...	...	...	...	...	...	...	...
Preston, Spring Bank	...	...	551	2	3	520	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prestwich ... ..	676	8	...	...	...	...	600	64	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Radcliffe ... ..	4440	55	811	1	...	...	377	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rainford ... ..	...	...	261	13	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsbottom ... ..	950	37	979	14	38	...	395	56	...	...	...	...	494	166	...	...	...	...	...	...	...	...
Rawtenstall, 6-8, Kay Street	1351	4	...	...	...	...	451	84	...	...	...	...	...	...	985	488	...	...	...	...	...	...
Rawtenstall, 1 Kay Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, Peel Street	...	...	1570	71	44	...	...	...	...	...	...	...	481	58	...	...	...	...	...	...	...	...
Rishton ... ..	324	22	2278	4	...	...	388	66	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rochdale, Smith Street	...	...	...	...	...	...	319	68	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Royton ... ..	1339	12	1055	3	40	...	314	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish ... ..	277	...	316	8	35	...	238	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Old Trafford	3108	161	2246	141	46	...	580	113	...	...	...	...	1235	561	...	...	...	...	...	...	...	...
Stretford, Mitford Street	1170	47	3555	1343	120	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Trafford Park	501	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock...	1377	148	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton, Folly Lane	...	...	1335	7	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton, Victoria Park	2330	6	1842	18	43	...	505	35	...	...	...	...	289	219	...	...	...	...	...	...	...	...
Thornton, Cleveleys	535	6	2736	221	124	...	304	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tottington ... ..	408	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tyldesley ... ..	879	...	1138	8	15	...	649	33	...	...	...	...	435	142	...	...	...	...	...	...	...	...
Ulverston ... ..	528	1	1642	78	272	...	296	131	...	...	...	...	134	102	...	...	...	...	...	...	...	...
Walkden ... ..	370	4	1610	70	59	...	415	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Westthroughton	1115	2	861	51	29	...	761	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitefield ... ..	1555	92	1740	92	45	...	481	31	...	...	...	...	397	415	...	...	...	...	...	...	...	...
Whitworth ... ..	1018	6	251	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway	8826	227	5260	298	129	...	645	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Hill Brow	1978	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Winwick ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ... ..	141233	4716	119892	5791	5059	4469	31847	3146	5578	931	1973	326	19033	6168	15618	8247	21465	563	2518	73	2760	...

(a) Pupils in Attendance at School ; (b) Pre-School Children ; (c) Nursing and Expectant Mothers.



### HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are 10 categories, as follows :—

Blind	Physically Handicapped
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Speech Defects
Delicate	Educationally Sub-normal

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them and this method is used extensively in the County area.

Many pupils, however, must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent and in the County area the most urgent need has been for residential schools in order to provide for seriously handicapped pupils.

Children in the County Area who are Blind, Partially Sighted, Deaf and Partially Deaf and who need education in a special school are admitted to schools administered by other local education authorities or voluntary bodies. The accommodation available is adequate though some re-organisation may be necessary. Facilities for the Partially Deaf are extended in a most valuable way by the three itinerant teachers employed by the Committee. Provision for Educationally Sub-normal pupils is not the responsibility of the School Health Sub-Committee.

Extensive provision for all the other categories has been made during the past few years as will be seen from the following pages.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.\*

#### Partially Deaf Pupils.

During the year the three teachers of the partially deaf continued their audiometric survey and group testing in schools by gramophone audiometer was carried out and where found necessary Lip Reading classes were initiated. These activities covered Education Divisions 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24, and the following table shows the number of children tested by the gramophone and pure tone audiometers together with the number of attendances made by children at lip reading classes :—

Teacher of the Partially Deaf.	Number of Children tested by Gramophone audiometer.	Number of Children tested by Pure-Tone Audiometer.	Number of Children Attending Lip Reading Classes.
Mr. J. J. Finigan ... ..	3,451	940	85
Miss H. G. Johnson ... ..	2,354	695	78
Mr. E. R. Wall ... ..	2,638	815	31
Total ... ..	8,443	2,450	194

The object of the scheme has always been twofold ; to ascertain the less obvious degrees of deafness which may be relieved by medical treatment and to provide the necessary help to enable those whose hearing defect cannot be improved to make the most of their education.

The general plan is for as many as possible of nine-year old children to be tested by gramophone audiometer. Those whose hearing does not reach the required standard are given a further more detailed individual test with a pure-tone audiometer ; this distinguishes those with true defects of hearing from those who, for other reasons, gave an unsatisfactory test result with the gramophone. Those with defective hearing are referred to a school medical officer who supervises treatment when this is indicated. If hearing is still defective after re-test in spite of treatment, steps are taken by one of the teachers of the deaf to make sure that the child is receiving all the help possible in his education. The needs of each child have to be considered individually and what may be appropriate for one child may not be right for another with a very similar defect. Such matters are involved, for example, as the level of intelligence.

The teacher of the deaf and the teacher in the school need to co-operate closely if the best is to be done for each child. In some cases a seat on the front row may be all that is necessary while others may require a hearing aid and lessons in lip-reading. Education in a school for partially-deaf pupils is only necessary for those who cannot be helped by these means.

\* For this table please refer to Appendix.

The following extracts are taken from the reports of the three teachers :—

MR. J. J. FINIGAN.

“ It is of interest to note that in addition to the 3,451 children in the area tested by gramophone audiometer in Division 17 which is part of the area, 1,856 children were tested through the sweep-method in schools, the tests being carried out by a lay health assistant. These children were the seven to eight year olds.

“ The lip reading classes have dealt with children aged 5 to 15 years, and have been well attended. The principle is still being observed of using a convenient clinic as a centre for an area, and seems to be successful. At these classes time is also devoted to helping those children who have hearing-aids to obtain as much benefit as possible from them.

“ All concerned with the scheme, of the health and educational staffs have shown themselves most interested and co-operative, thus contributing considerably to its smooth working and making the teacher’s work much easier.”

MISS H. G. JOHNSON.

“ Several children attending the lip reading classes have been issued with hearing aids. I have found it necessary to visit their schools in order to explain to the staff how and when the children can use the hearing aids to the best advantage. I have found that ideas on the use of hearing aids vary a good deal. Some children have been expected to use them for instance in a woodwork lesson. It is obviously not sufficient merely to issue a hearing aid to a child ; there must be some instruction and assistance given not only to the children but also to those in frequent contact with them.”

MR. E. R. WALL.

“ Lip reading and pure tone testing sessions have been maintained on a fortnightly basis. Contact with head teachers and other interested persons has been kept up and progress of children receiving lipreading instruction has been checked with the head teachers concerned. Attendance at such classes has been satisfactory and head teachers have been most helpful. The fact that children miss a lesson only once a fortnight appears to help attendance (children for instance are willing to miss ‘ games ’ once a fortnight but not every week!) and teachers object less to alternate absence from the same lessons.”

**Delicate Pupils.**

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes ; also by arranging for their admission to various residential special schools administered by other local education authorities and voluntary bodies and to convalescent homes, for shorter periods.

**BROUGHTON TOWER.**

This school completed its seventh full year, and provided residential care for children suffering from delicacy due to a variety of causes.

							1954.	1953.
Resident in school on January 1st	...	...	...	...	...	...	37	34
Admitted during the year	...	...	...	...	...	...	73	61
Discharged during the year	...	...	...	...	...	...	79	58
Resident in school on December 31st	...	...	...	...	...	...	31	37

It will be noticed that the admissions and discharges are increased compared with last year. One of the children discharged was transferred to Keppleway.

The following report has been received from Dr. J. Patterson, School Medical Officer in the area, who is in clinical charge of the children :—

“ The table below gives details of the 73 children admitted during 1954, of whom 46 were boys and 27 girls :—

Diagnosis.	No. of Children.	per cent.
Asthma ... ..	31	42·5
Debility ... ..	6	8·2
Bronchitis ... ..	13	17·8
Bronchiectasis ... ..	16	21·9
Tubercular Glands ... ..	1	
Post Primary Tuberculosis ... ..	2	
Eczema ... ..	1	
Mitral Stenosis ... ..	1	
Laryngitis ... ..	1	
Rheumatism ... ..	1	





*Comparison of Rate Growth at the School in 1954 with Normal Standards.*

Age in Years on Admission.	Number of Children.	*Average Weight Increase per Month of Normal Children (ounces).	Average Weight Increase per Month at Broughton Tower (ounces).	Percentage increase above normal.
6	4	5.73	9.7	70.0
7	8	6.6	9.36	41.5
8	9	6.73	12.2	82.0
9	12	8.8	13.1	49.0
10	17	8.0	16.87	111.0
11	14	12.3	19.42	68.0
12 upwards	14	12.2	20.23	65.5

\* From Holt's "Diseases of Infancy and Childhood."

*Comparison of weight increases per month with length of stay—1954.*

	Number of Cases.	Average Weight Increase (ozs.) per Month.	Length of Stay (Months).
Asthma ... ..	35	20.0	7.3
Bronchiectasis ... ..	18	12.8	11.0
Bronchitis ... ..	16	22.4	7.0
Debility ... ..	6	30.4	7.25

"There is considerable fluctuation from year to year in the figures in the three tables given above. The greatest single factor to account for the variation is the type of case admitted and since it is found that the most rapid increase in weight occurs during the first three to four months at the school, a variation in the number of long stay cases will produce a corresponding variation in the average for the whole year. It should perhaps be recorded that the weather during 1954 was appalling and not conducive to outdoor activities with the result that the children were unable to take advantage of the open air regime which is a normal feature of the school programme.

"Full details of the "follow-up" reports are not yet available but it can be stated now that in the asthmatic group of cases it was again found to be very rare for any child to have any attacks after admission unless he was suffering from permanent changes in the lungs.

"Dr. J. R. Edge has succeeded Dr. G. Leggat as consultant chest physician and his ready assistance has been much appreciated; also that of Dr. T. Horrocks and Dr. D. Bottrill, pathologists; and Dr. W. G. Southern, of Broughton-in-Furness, who provides general practitioner services for the children and staff. The patient handling of the children by the matron and nursing staff and of the head teacher and his staff also contribute greatly to their physical and mental well-being."

The following report on the children's out of school activities is from the matron, Miss G. Ethall:—

"Our aim and purpose is to restore the children to a full share of health, vigour and happiness and at the same time wisely guide their energy and leisure in such a way that they can rehabilitate themselves on a return home and maintain the health progress noted during their stay here. With this in view we try to foster in them a feeling of independence and help them to develop initiative. Wearing suitable protective clothing we stress the need of maximum time spent out of doors during daylight hours. The delightful grounds help us greatly. Certain trees are earmarked (after inspection) for tree climbing, certain areas for imaginative woodland games—deer stalking, Robin Hood games, house building, girls with conventional houses, boys with mystery and treasure houses.

"During the holidays these wood days are interrupted when staff bring out suitable foods for a picnic meal and frequently we arrange picnics to Foxfield shore or Duddon Bridge where "water play" is indulged in to the full. The journeys to and fro being undertaken by a shuttle brake service. Less frequent but equally enjoyable are the visits by motor coach to Haverigg sand dunes or further to Ravenglass with the thrilling experience of a journey on the miniature railway. Our attendances at church and chapel are regular, in this way the children feel that they are not isolated but a part of the greater whole and village life. The maturer children are allowed to go shopping for their own little wants to the village. Occasionally when a film of particular interest, *e.g.*, 'Flight of the White Heron' is shown at Barrow we have the full joy of a train ride. A day might be spent by the boys at the local agricultural show, where frequently work done by the children is on view. In all our activities the emphasis is on informality rather than formality; they are such as a child could enjoy at home. Many of them come here suffering as a result of over anxious parents who through misguided kindness have inclined to make the children introverts attaching great importance to their malady. Here we teach them to forget their weakness, and the very friendly atmosphere of both indoor and outdoor staff helps tremendously.

"Mr. Holliday is Uncle George—who is not just the driver of the brake, but rather the good uncle who can and does mend every broken toy so that the game can go on. Mr. Myers is no gardener—he is that someone who knows all the wonders above and below the ground and can excite one's curiosity to go still further afield in search of adventure. Mr. Hadwin will oblige with a haircut, so that more time is available for other activity.

"The success of these, our informal activities, I must stress, lies in the whole hearted support of my most loyal and conscientious staff."

The following report on the educational side has been sent by Mr. E. G. Sharples, the head teacher :—

"A notable feature of the year was the admission of some children of a younger age. Some of these had not previously attended school and it was necessary to make provision for a reception group in the junior class. The desks previously in use proved far too big for these younger children and new furniture suitable for infants has been provided.

"This increasing age-range has presented a problem in organising the two classes. The junior classroom accommodates only 20 children. The remaining 32 children form the senior class. From experience, it is considered advisable to select the classes on an age basis rather than on ability. Although there are considerable fluctuations throughout the year, generally speaking, the junior class now has children from five to eight years and the senior class, children from eight to eleven plus. The abilities of the older children vary so much that many of them would benefit educationally from being with the juniors. They need a considerable amount of personal attention as they have usually missed much of their infant school education due to long absences from school. During the past year, it has at times been difficult to help these backward children to the extent we should have liked.

"Although bad weather during much of the year often prevented classes from being held outside, on most days it was possible to take some form of activity in the open air. Many of the older children have become keen on fell walking and there has been much enthusiasm for organised games particularly among the boys. During the year the school garden has been extended. The handwork done by the children reached a high standard, especially in weaving, and their interest was encouraged by some successes in the handicrafts sections at the local shows."

#### DAY SPECIAL SCHOOLS.

The six day open-air schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes, a fuller report on which was given last year, continue to do most valuable work. There is now in all accommodation for 609 children.

#### OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 34 children to be admitted to eight residential schools under other education authorities and voluntary bodies; 362 children received treatment for periods of one, two and three months at 12 convalescent homes, many of them administered by the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

#### Physically Handicapped Pupils.

There are three residential special schools for physically handicapped children, one for girls at Kepplewhray, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places is 115. About half of the children suffer from cerebral palsy so that in each school there is a group of considerable size, requiring specialised treatment for this disability.



## BLEASDALE HOUSE.

The following is a joint report of the matron, Miss G. I. Davidson, and the head teacher, Miss H. Brown :—

“ On 7th January when the school re-opened after the Christmas holiday there were 32 boys on roll. During the following months there were 14 new admissions and 10 boys left. Four of these children were transferred to Singleton Hall; two very young children were discharged at the request of their parents; two proved to be in-educable and two boys, both severely handicapped on admission, had improved to such an extent that they were able to attend an ordinary school close to their homes.

“ For the first six months of the year the three existing classes needed very little readjustment and the curriculum with the addition of periods for physical exercises, games and gardening, remained much the same. There were fewer boys in wheel chairs and the inclusion of these subjects gave opportunities for energetic activities out-of-doors for the majority of the children. The infants found an outlet for their energy in the sand pit and the portable paddling pool, as well as in the simpler outdoor group games.

“ After the summer holidays it was decided to experiment with a fourth class of very young children. Early in October a temporary assistant teacher was appointed to take charge of the nursery and one of the class rooms was equipped for their use with the most suitable toys, apparatus and furniture that we had in use.

“ In this arrangement of the class rooms the craft room in the stable block was made available for the older juniors, some of whom were able to walk unaided. The boys never tired of the novelty of going out-of-doors and across the road to school. Though a valuable experiment, the scheme was considered to be unsuitable as a permanent arrangement until further necessary building alterations had been carried out.

“ There is no doubt in our minds that the addition of the nursery group has been worth while for the children themselves and for the staff. These little children have brought something of special interest to us all. They have added to the existing happy relationship between children and staff. The older children love them and take a lively interest in everything they do.

“ Throughout the year the speech therapist and physiotherapist have continued their bi-weekly visits. All the children enjoy their treatment and have responded well on the whole.

“ The school activities this year have been many and varied. In July, the children's art and handwork was exhibited for the parents and for the Christmas visiting day they gave their Annual Concert. On the school's anniversary the children of Broughton Tower School joined us for a party and a film show. The annual summer outing took the form of a return trip, by coach to Broughton, where the staff and children combined to give our boys a very happy time. This day, spent at the Tower, was a wonderful experience for them.

“ There have been visits to the theatre to see ‘ Peter Pan,’ to the Circus and the Illuminations at Morecambe. There were picnics at Wray Castle, Dellam Park and the nearby coast. The ‘ Cubs ’ have met regularly once a week and the inter-special school contacts have been maintained this year as in the past.

“ The parents of the children have been very helpful and co-operative and with few exceptions have visited regularly. A minimum of staff had to be retained during the holidays to take care of those boys who did not go home. Arrangements were made for the boys in the care of the childrens' officer to spend their holidays in suitable homes.

“ In July and September the help of a temporary supply teacher was obtained to enable Miss M. T. Hayward to attend a Ministry of Education course in London, and a National Association for Mental Health course in Buxton. In September, Miss Davidson, matron, attended a three-day conference in London on the Treatment of Cerebral Palsy.”

By 31st December, there were 36 boys on roll and the following table shows the defects from which these boys suffered :—

Cerebral palsy	...	...	...	...	...	...	15
Old Poliomyelitis	...	...	...	...	...	...	5
Pseudo hypertrophic muscular dystrophy	...	...	...	...	...	...	4
Haemophilia	...	...	...	...	...	...	2
Spina Bifida	...	...	...	...	...	...	3
Perthe's Disease	...	...	...	...	...	...	1
Congenital Heart Disease	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	1
Congenital shortening of tendons of hamstring muscles	...	...	...	...	...	...	1
Congenital tumour of the cord and lymphangioma	...	...	...	...	...	...	1
Congenital Amyotonia	...	...	...	...	...	...	1
Electrical burns hands and forearms	...	...	...	...	...	...	1

The following extract is from a report of the speech therapist who has visited the school throughout the year :—

“ Four half day sessions each week were spent at Bleadsale House, so enabling boys suffering from cerebral palsy to receive therapy twice a week. These cases require treatment more often than more simple defects such as dyslalia for the difficulty is a much greater one and is not confined to sounds but to speech as a whole. Progress even so is slow and improvement in some may be slight even after quite a long period. The reason for this is that many of these children find great difficulty in making even the simple movements necessary for speech.

“ Nineteen children attended for treatment during the year and when four boys left to go to Singleton Hall at the end of the year eleven remained still attending.

“ Ten of the 19 children had severe speech disorders, the remainder had intelligible speech with some defective sounds, in one case accompanied by a stammer. The three boys who left the school did not attend long enough for any improvement to be evident. The other cases are progressing steadily, some improvement being shown by all, though in some it is slight.”

#### KEPPLEWRAY.

The following is a report presented by the matron, Miss N. E. Dent :—

“ The year 1954 saw many changes at Kepplewray. During the early months the builders were busy finishing the extensions. The new classrooms were finally ready for occupation, the staff moved into the new staff annexe, the decorating progressed in the house, so that by the end of May, we were in a position to increase our numbers.

“ On May 31st, five new girls arrived and were quickly welcomed and shown round by the older girls. Further groups followed at intervals, until September, when our numbers reached 39. The age range varied from five to 14 years, and there were varying degrees of handicaps and disabilities. The new children soon became part of the family.

“ Outings during the year included a visit to a pantomime, a circus, summer outings to Seascale, Ambleside and Lake Windermere. The pantomime and Windermere outing were organised by the members of the Barrow Rotary Club, and the coach for the Seascale outing was provided free by Messrs. Robinsons' Luxury Tours, Ltd., Barrow-in-Furness. The Clerk of the Weather was kind to us on both of these outings, and an enjoyable time was had by all.

“ Guide and Brownie meetings continued in conjunction with the village troops. The children attended the church services frequently, and were visited at the school by their respective ministers.

“ Visiting day is always a red letter day. In June, it took the form of an open day, when brothers, sisters and other relatives visited, and the staff organised a very successful Sale of Work and Garden Party.

“ In September we were pleased to welcome Miss M. Johnson to the staff as physiotherapist, and Miss M. Barber commenced to pay a weekly visit to give speech therapy.

Miss S. B. White, deputy matron, left us at the end of November, and we all wish her well in her new work.

“ The year ended with the usual rush of decorations, parties, visit of Father Christmas and packing of cases for home.

“ I am pleased to report that we did not have any cases of serious illness during the year.

“ The following is a summary of the diagnoses of the 39 girls at the school during the year :—

Cerebral palsy	...	...	...	...	...	...	19
Congenital Heart Disease	...	...	...	...	...	...	4
Old Poliomyelitis	...	...	...	...	...	...	3
Fragilitas Ossium	...	...	...	...	...	...	2
Still's Disease	...	...	...	...	...	...	2
Recto-vaginal fistula	...	...	...	...	...	...	1
Hydrocephalus and dwarfism	...	...	...	...	...	...	1
Amyotonia congenita...	...	...	...	...	...	...	1
Osteochondritis	...	...	...	...	...	...	1
Spina Bifida	...	...	...	...	...	...	1
T.B. Dorsal Spine	...	...	...	...	...	...	1
Brain tumour, post operative	...	...	...	...	...	...	1
Osteogenesis Imperfecta	...	...	...	...	...	...	1
Infantile Myelopathy	...	...	...	...	...	...	1



The following is a report by the Head Teacher, Miss G. E. Abraham :—

“ With the completion of the building extensions early in the year and the consequent increase in accommodation the school entered a new phase in 1954. No girls left during the year and the numbers increased from 20 to 39. Miss M. Hewitt, joined the teaching staff in January and we moved into the new and attractive classrooms for the summer term. Three classes were formed, selection being governed neither by age or attainment but general suitability.

“ The new girls arrived in groups at intervals and varied in age from five to 14 years. They had widely differing handicaps, levels of educational standard, and mental ability. All were backward and some had never been to school. The task of fitting each new entrant happily into a class and arranging for her a suitable programme or work occupied a good deal of time which was spent effectively in getting to know each girl and assess her difficulties. Meanwhile the usual work of the school continued and steady progress made. Basketry and jewellery making lessons have been introduced and some girls have made an encouraging start on these new crafts. Most of the senior girls have pen-friends abroad with whom they correspond regularly. There is also a daily newspaper provided for the older girls. The children show great interest in their pets, which include a hamster, a budgerigar and two guinea-pigs.

“ Visitors have shown interest in the school, in addition to the Barrow Rotary Club mentioned by Miss Dent are the Barrow Professional and Women's Club, Ulverston Soroptomists and girls from the fifth form of Barrow Grammar School, who are interested in teaching or nursing as a career.

“ All our girls took part in a Christmas Concert given for the parents. It included singing, percussion band playing, and a fairy play acted in costume by the younger children. A scene from ‘ Little Women ’ was given by the older girls for an audience of friends and staff. There was also a display of Christmas gifts made by the girls.

“ The year has been one of transition in which the school has taken shape as a larger unit and we now look forward to widening our scope of work in music and housecraft for the senior girls.”

The following extract is from a report by the visiting speech therapist :—

“ Since the beginning of the Autumn term one half day session each week has been spent at Keppleway where seven children suffering from cerebral palsy have received treatment.

“ The children are co-operative and enjoy their treatment but progress is necessarily slow due to the particular type of difficulty.

“ In many of these children there is the added problem of producing and sustaining a voice as there is difficulty in controlling the breathing musculature. Two of the girls at Keppleway are able to make the actual speech sounds quite clearly but their voices are inaudible or non-existent. One of these has concentrated extremely well on controlling her voice and can now sustain it for a sentence of four words. The other child has a greater physical handicap which is still preventing her from producing a better voice consistently. Two of the girls have gross speech difficulties as well as the one of voice. Their speech is un-intelligible and accompanied by facial grimacing. One of these does show some improvement in the control of the muscles concerned with articulation.

“ The defects of the remaining three children are less severe though one is handicapped by a rather low intelligence. These three have intelligible speech with some sound substitutions. In one there appears to be some language retardation and the substitutions are not consistent. The other two cases are making quite good, steady progress.”

#### SINGLETON HALL.

The following is a joint report of the matron, Miss L. E. Cooper, and the head teacher, Mr. J. H. Fortescue :—

“ At the end of our second full year, it is possible to make a better assessment of the working of the school. On the whole the general work has progressed favourably, and the majority of the boys seem very keen to improve. This is due partly to their own desire to get on, but a great deal to the fact that they are divided into three houses—Hilary, Hunt and Tensing. Points are given for the effort of each individual boy according to his own ability. At the end of each term a cup is presented to the winning team. The improvement due to this friendly rivalry is most marked.

“ One point that has emerged is that most of the intelligence quotients of the boys entering are still low, and on the whole appear lower than during the first year. The attainment of the boys is, therefore, less, and this makes matters more difficult in that the teaching must be largely individual.

“ During the year we have continued with the B.B.C. educational broadcasts, which have been enjoyable and beneficial to the boys. Simple weaving and basket work have been successfully carried out and in the last term woodwork was introduced. Preparations are being made to start school gardens in the Spring.

"The boys have enjoyed several 'extras.' The year opened well for the football enthusiasts, when in January, Mr. Harry Johnston, Captain of Blackpool Football Club, came to speak of his experiences. He brought along the English F.A. Challenge Cup to show us. They saw the film of the Royal Tour of New Zealand, Fiji and Tonga. Blackpool was visited twice, first to see the Tower Circus and later to see H.R.H. Princess Margaret. The highlight was the school visit to Chester Zoo in July, on one of the few very fine days.

"The entertainer at our 2nd Anniversary Party on September 22nd was the means of bringing us into contact with members of the Lytham Rotary Club, who are now taking a very keen interest in the boys. In October, they gave us a 17 in. television set for use in the dormitory used by the older severely handicapped boys and another of their members gave us two wireless sets with three extension speakers. This interest was continued on Bonfire Night when each boy received a parcel of fireworks and Christmas brought presents for the boys and the promise of a visit to the pantomime in the New Year.

"At the beginning of 1954 there were 35 on the roll. During the year there were seven admissions and 13 withdrawals. Of the boys who left us, five went for further training two to Derwen Cripple Training College, Oswestry and three to St. Loyes Training College, Exeter—three boys were transferred to our schools, and one has left temporarily for special treatment. Five are at home and for whom no suitable employment has been found by the end of the year."

The following is a summary of the diagnoses of the cases at the school during 1954 :—

Cerebral palsy ...	...	...	...	...	...	...	19
Pseudo hypertrophic muscular dystrophy ...	...	...	...	...	...	...	8
Old Poliomyelitis ...	...	...	...	...	...	...	3
Haemophilia ...	...	...	...	...	...	...	2
Heart Disease ...	...	...	...	...	...	...	4
Fröhlich's Syndrome ...	...	...	...	...	...	...	1
Spina Bifida ...	...	...	...	...	...	...	1
Congenital Talipes Equino Varus ...	...	...	...	...	...	...	1
Post operation for brain tumour ...	...	...	...	...	...	...	1
Perthe's Disease ...	...	...	...	...	...	...	1
Syndactyly hands and feet and oxycephaly ...	...	...	...	...	...	...	1
							—
							42
							==

The following is extracted from a report by the visiting speech therapist :—

"During the year, 14 boys ranging in age from 11 to 16 years received regular treatment. Thirteen were suffering from cerebral palsy, 11 were spastic, two were athetoid and one boy was partially deaf.

"When the term commenced in January, there were 13 boys to receive treatment. All the severely speech defective children had individual treatment, but four of the milder cases had therapy in groups.

"In February, some experimental voice recordings were made on the tape recorder of all these boys. In March a routine record was made for each boy as part of his case history and progress report. Records were made at four monthly intervals. It was interesting for all concerned (especially the boys) to note the progress made between recordings, and this procedure appeared to be a very good incentive towards improving their speech. Normal therapy continued between recordings, no set phrases being prepared for the records.

"In April, one boy left, with speech very much improved. In May, another boy came to the school from Bleasdale House, who was in need of speech therapy, a case of spastic quadriplegia with some athetosis. He had previously had speech therapy and had started making voice recording, so he was able to continue similar treatment.

"In July, two of the older boys left school, one with near normal speech, and the other improved. In October, one more boy left school. When he concentrated and remembered about the speech it too was improved, but as a whole he did not actually co-operate very well.

"Thus at the end of the year there were 10 boys still under treatment. All had made some progress to a greater or lesser degree as their records showed. A system of practice between treatment is being instituted whereby the nursing staff help with the relaxation and speech exercises so that more rapid progress may be expected in future."

### REPORT ON SPASTIC CHILDREN IN LANCASHIRE.

At the request of the School Health Sub-Committee the following report was prepared on children suffering from cerebral palsy, more generally referred to as spastic children, with a view to assessing to what extent the special needs of these children are being met at the present time. It should be noted that the figures relate to those children thought to be educable and take no account of those whose mental condition is below this level, and for whose supervision the Health Committee are responsible.

The great majority of educable spastic children in Lancashire are attending schools of one kind or another. Those who are not are either awaiting a place in a special school, or are receiving home tuition. The following table shows the general position at December 31st, 1955 :—

TABLE I.

Age.		Attending Ordinary School.	Attending Special Schools.			At Home.		Total.
			Day.	Residential.		Receiving Home tuition.	Awaiting places.	
Under	5 ...	5	—	2	—	—	1	8
„	6 ...	21	1	5	—	—	1	28
„	7 ...	6	2	—	—	—	3	11
„	8 ...	15	3	3	1	2	2	26
„	9 ...	14	4	5	—	—	1	24
„	10 ...	9	2	4	—	—	—	15
„	11 ...	13	1	7	—	1	—	22
„	12 ...	10	—	3	—	—	—	13
„	13 ...	5	4	10	—	4	—	23
„	14 ...	9	4	5	—	1	—	19
„	15 ...	1	2	6	—	—	—	9
Over	15 ...	1	2	4	—	—	—	7
Total		109	25	54	*1	8	8	205

\* In Convalescent Home and having individual tuition.

Many children suffering from cerebral palsy in mild degree require no treatment or special provision for their education. At the other end of the scale are those whose disability is so serious that they need education in a residential special school. This kind of provision, rather than day schools, is more necessary in a large county like Lancashire than in the cities for the additional reason that the population is, of course, much more dispersed.

In between these two extremes are those who are able to attend an ordinary school or, in some cases, a day special school, at the same time receiving any necessary treatment either through the hospitals or the School Health Service.

The kind of special treatment required by many children with cerebral palsy is usually physiotherapy, speech therapy, orthopaedic and sometimes psychological. The advantage of the special school is that all these facilities can be provided in one place, and in a residential school they can obviously get more continuous help in these directions.

#### CHILDREN ATTENDING SPECIAL SCHOOLS.

Children with cerebral palsy attending special schools are those who cannot be educated satisfactorily in ordinary schools.

#### RESIDENTIAL SCHOOLS.

Fifty-four children are in residential schools, 46 of them in schools set up by your Committee.



TABLE II.

Age.				Boys.	Girls.	Residential Schools.		Total.
						County.	Other.	
Under	5	...	...	2	—	2	—	2
„	6	...	...	3	2	3	2	5
„	7	...	...	—	—	—	—	—
„	8	...	...	2	1	3	—	3
„	9	...	...	2	3	3	2	5
„	10	...	...	2	2	4	—	4
„	11	...	...	3	4	6	1	7
„	12	...	...	1	2	3	—	3
„	13	...	...	7	3	8	2	10
„	14	...	...	3	2	5	—	5
„	15	...	...	3	3	5	1	6
Over	15	...	...	2	2	4	—	4
Total				30	24	46	8	54

In Keppleway, Bleasdale House, and Singleton Hall all the necessary facilities are provided. There is a visiting orthopaedic surgeon and physiotherapist and speech therapists attend. The psychiatrist and psychologist are available when needed.

As the Committee are aware there is close touch with the homes of the children. Parents visit monthly, and the children return home for three holidays during the year.

One further point to be noted about these three schools is that children are admitted however severe their physical deformity. It is also appreciated that the question of educability is sometimes difficult to determine and a trial in the school is the only way to find the answer.

#### DAY SPECIAL SCHOOLS.

Twenty-five children are attending Day Special Schools.

TABLE III.

Age.				Boys.	Girls.	Day Special Schools.		Total.
						County.	Other.	
Under	5	...	...	—	—	—	—	—
„	6	...	...	—	1	—	1	1
„	7	...	...	2	—	2	—	2
„	8	...	...	1	2	1	2	3
„	9	...	...	3	1	2	2	4
„	10	...	...	1	1	2	—	2
„	11	...	...	—	1	—	1	1
„	12	...	...	—	—	—	—	—
„	13	...	...	1	3	2	2	4
„	14	...	...	1	3	4	—	4
„	15	...	...	—	2	2	—	2
Over	15	...	...	1	1	1	1	2
Total				10	15	16	9	25

Sixteen children are attending day open air schools in Lancashire and it is found that they can be well provided for there. Most of these are not severe cases but they do require something beyond the care and supervision possible in an ordinary school.



## CHILDREN ATTENDING ORDINARY SCHOOLS.

The rest of these children, apart from those receiving home tuition, attend ordinary schools. The degree of physical disability varies widely, due to the different circumstances. Severity of handicap, mental ability, distance from the school and various points connected with the school itself, such as its size and the type of the building, all require to be considered together before deciding that a child can get all he requires at an ordinary school. Most of them do very well and this is in no small measure due to the wise and sympathetic handling of the teaching staff.

As already mentioned in some of these children the disability is so mild that no treatment is required. Full enquiries have been made in regard to spastic children attending ordinary schools and the following table shows the position :—

Total Number. Age at 31st December, 1954.			Moderate or Severe and requiring some form of treatment.				Slight and not requiring treatment.
			Receiving Treatment.			Not receiving treatment.	
			Speech Therapy.	Physiotherapy.			
Hospital.	School Clinic						
Under	5 years	5	—	1	4	—	—
„	6 „	21	—	1	17	1	3
„	7 „	6	1	1	3	—	1
„	8 „	15	—	2	10	1	2
„	9 „	14	2	1	8	—	3
„	10 „	9	—	2	4	—	3
„	11 „	13	—	3	7	2	1
„	12 „	10	—	2	4	—	2
„	13 „	5	—	—	4	—	1
„	14 „	9	1	1	6	—	—
„	15 „	1	—	—	—	—	—
Over	15 „	1	—	—	—	—	—
Total			4	14	67	4	13

One six year old receiving treatment at clinic and otherwise.

One 11 year old attending hospital and clinic.

One 14 year old attending clinic and having speech therapy.

From this it will be seen that of all the children able to attend ordinary schools only 10 are not at the moment receiving treatment, and on investigation it is found that most of these have, in fact, received treatment and are at present under observation only.

## CHILDREN AT HOME.

Of the 16 children at home, eight are receiving home tuition. The rest are all aged eight or under, and efforts are being made to find vacancies in Special Schools. Most of these latter will be admitted into Bleasdale House School when the additional classroom is ready.

*Comments.*

1. Viewing the problem as a whole it would seem that the needs of educable spastic children have been well met in Lancashire. All those with severe disability are dealt with in residential schools, chiefly in those schools set up by the Committee. Of those children able to attend day schools, all but a small handful are receiving treatment.

2. With three residential schools for physically handicapped children the Committee is in a particularly good position to provide facilities for a trial period for those children whose educability is doubtful. This is recognised as especially difficult in some spastic children and full use is therefore made of the opportunities.

3. Ascertainment is, of course, of the greatest importance. In Lancashire there is every chance of knowing these children as the health visitor and school nurse is one and the same person.

4. It may be that if new special day schools are set up by voluntary bodies a very small number of spastic children in those districts may be adequately provided for in this way instead of at a residential school.

5. Finally, it is gratifying to remember that the Committee's concern with spastic children covers a long period dating from the inception of the Orthopaedic Scheme 28 years ago. A very considerable number of spastic children have been dealt with at Biddulph Grange Orthopaedic Hospital where they also continue with their education and on discharge they have always attended treatment at the after-care clinics.

Epileptic Pupils.

Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school. Since 1951 it has been possible to deal with Lancashire children in the special school set up by the Committee at Sedgwick House, near Kendal.

When the school was opened a considerable number of the children admitted were those who had been unable to find places in other epileptic schools, owing to their special problems. This undoubtedly added to the difficulties always experienced by the staff in these schools. The fact that so much good work has been done since 1951 is greatly to the credit of the nursing personnel and the teachers, particularly in view of the periods which have occurred when the staff have been under strength.

During 1954 the number of children in the school fluctuated to some extent and at the end of the year there were 30 pupils. A full account of the work of the school will appear in the next report.

Maladjusted Pupils.

Most seriously maladjusted pupils receive treatment at the child guidance clinics while continuing to attend school. Some can only be satisfactorily treated away from their homes and a few of these were found places in special schools or boarding homes. The Committee's boarding home, Brynbella, at Rawtenstall remained closed throughout the year owing to staff difficulties, but before the end of the year a new warden and matron were appointed, also a psychiatrist to undertake the supervision of the treatment. The home was subsequently opened.

CHILD GUIDANCE CLINICS.

There are four clinics in the County area, at Huyton, Whitefield, Blackburn and Preston, each with a psychiatrist as medical director.

The following is a summary of the work done at the four clinics during 1954 :—

Number of Pupils.	Huyton.	Whitefield.	Blackburn.	Preston.	Total.
Referred ... ..	54	218	43	68	383
Withdrawn from register ... ..	15	28	2	8	53
Given diagnostic interview ... ..	44	194	17	45	300
Found suitable for treatment ... ..	27	87	16	26	156
Unsuitable for treatment ... ..	17	107	1	19	144
Attended for treatment ... ..	27	99	12	34	172
Treatment completed ... ..	16	56	1	15	88
Much improved ... ..	4	28	1	4	37
Improved ... ..	8	19	...	8	35
No change ... ..	4	9	...	3	16

The numbers shown as having been given an initial diagnostic interview include not only, in the main, those referred during 1954, but a certain number also from the waiting list of the previous year. There are many reasons for unsuitability for clinic treatment, the chief ones being educational sub-normality and the impossibility of establishing co-operation with the home. Pupils not put on the waiting list for treatment may be recommended for special schools for educationally sub-normal pupils or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. Louise Devlin, psychiatrist reports on the Huyton Child Guidance Clinic, as follows :—

“ This clinic continues to function on a basis of four psychiatric sessions weekly ; and though this is quite inadequate to meet the needs of the area any increase would be inadvisable until the services of a full time psychiatric social worker can be obtained.

“ During this year, we have very much appreciated the services of our part-time psychiatric social worker, Mrs. MacLeod, who has been able to devote one day a week to the work of the clinic. In addition to this she has undertaken occasional home visits. Her work has been of such excellent quality that we have regretted the fact that she was unable to give us more time, still more that she will not be with us much longer.



" Among the referrals during 1954 there have been a few psychosomatic cases ; and this is rather unusual for a clinic administered by the School Health Service, as most cases of this type are referred to child guidance clinics in hospitals. There is here a fruitful field for more co-operation between paediatricians and child psychiatrists. We have had two or three cases of asthma which had been treated by physical methods only for a fairly long period of time before they were referred to us for psychiatric help. Both methods of treatment are, of course, essential in these cases but we would have welcomed an earlier referral of these children to us. When we did see them their absences from school had resulted in educational backwardness ; and this, because of their emotional difficulties, had discouraged them to such an extent that they were afraid of going to school, and so a vicious circle had been set up.

" Our psychologist interviewed 290 children during the year ; and of these 40 were given an intelligence test as part of their diagnostic interviews at the Clinic. Many visits have also been made to the schools and to various clinics in the area, especially the Health Centre at Widnes. While carrying out routine intelligence tests at the request of the school medical officers, our psychologist meets many children whose intelligence quotients are between 75 and 85 and who are also emotionally disturbed. These children do not as a rule benefit much from psychiatric treatment owing to their dull intelligence. This is yet another field of our work in which the services of a full-time psychiatric social worker would be most helpful as time could then be allocated to giving the mothers of some of these children the help which they so badly need and which, because of the limitations of staff at this clinic, they must unfortunately forego.

" During this year we have discovered that one boarding special school in the Midlands is prepared to admit this category of children. This of course is helpful though it is only a small minority of such cases whom we recommend for treatment away from home."

#### *Preston.*

Dr. Devlin also reports on the Preston clinic :—

" The volume of psychiatric work done at this clinic, as regards both diagnostic and treatment, was slightly less than during 1953. More parents than usual refused appointments for diagnostic interviews ; usually because the effort involved was too great, though in a few cases, because some improvement had occurred since the child was referred.

" On the other hand, many more children were interviewed by the psychologist, there being an increase of 100 on the previous year's total. This probably reflects the increasing use which is being made, by teachers and medical officers, of the psychological services which are available in the County area served by this clinic. During 1954, 343 children were interviewed by the psychologist, 41 of these being given an intelligence test as part of their diagnostic interview at the Clinic ; while 112 children were given intelligence tests at the Children's Department's Reception Centres.

" One treatment session per week was worked during this year by the psychologist and the psychiatric social worker, the psychologist giving the children remedial tuition, and the psychiatric social worker interviewing the mothers, in order to improve their basic attitudes. This session has proved to be very well worth while.

" Of the 46 children who were given a diagnostic interview, a much higher proportion than usual were found to be unsuitable for treatment. This seems to be largely due to the fact that more intellectually dull children were referred than is commonly the case, these children having marked emotional difficulties as well.

" It is gratifying to note the good progress made by the children whom we have sent away to boarding special schools for maladjusted children. These children, and their parents, are seen regularly during the school holidays. They all appear to have settled well ; and, on the whole, their neurotic difficulties appear to be less marked."

#### *Whitefield.*

Dr. E. Gostynski reports on the Whitefield Child Guidance Clinic as follows :—

" The clinic work during the past year was somewhat less settled than in the previous two years and was affected by changes in the clinic staff, necessitating some re-organisation.

" Miss S. Pennington, one of our two psychiatric social workers, left the clinic at the end of August to be married and there was an interval of over two months before Mr. C. L. Sanctuary was appointed as a second psychiatric social worker and took up his post. Illness, too, disorganised clinic work more than usually this year. These difficulties are reflected in the statistics. Although the referral figures have remained the same, we have been able to keep up the previous level of work only in the diagnostic section and, therefore, the list of cases waiting for initial interview is about the same as last year. The difference in treatment recommendations, namely 87 out of 194 as compared with 101 out of 187 last year, is due to different proportions of types of cases referred. It may be mentioned in this connection that 51 cases were referred at the request of Probation Officers and Juvenile Courts, more than twice as many as last year. However, the handicap of staff problems shows most clearly in the considerable increase of

children waiting for treatment at the end of the year, 86 as compared with 52 last year. This difference arose from the redistribution of work and the need to reduce the treatment load temporarily. The smaller number of treatment cases closed in 1954 was affected by the same problem, although small fluctuations are due to the different types of cases treated. The percentage figures of results obtained in treatment are roughly the same. We are glad to point out that the significant numbers of delinquent children and of borderline cases of educationally problematic children are proof that the clinic is fulfilling its function as an agency which is intended to deal with the emotionally maladjusted child, the socially maladjusted child and to some extent, the child who is on the borderline.

“We appreciate the efforts made by representatives of the various social agencies to maintain contact with the clinic as demonstrated by the considerable number of visitors attending our case conferences. We again held one meeting with school medical officers last year and the clinic introduced itself to headmasters in several educational divisions on the occasion of meetings arranged through their divisional education offices.”

### Speech Defects.

Speech therapy was carried out by 12 whole-time and two part-time speech therapists. The supply of qualified speech therapists has improved and the number of clinics has been increased from 39 to 46.

Every effort is made to carry out audiometer tests, ear, nose and throat examination and a general medical examination for those children recommended for speech therapy and, when possible, there is close co-operation with the child guidance team.

The following is a summary of the work done at the various centres :—

CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington ... ..	34	5	3	3	3	20
Ashton-in-Makerfield ... ..	31	5	1	...	2	23
Ashton-under-Lyne (Richmond House) ...	82	14	3	10	15	40
Banks ... ..	16	3	2	2	2	7
Chorley ... ..	31	4	...	...	2	25
Clitheroe (The Castle) ... ..	50	6	2	1	4	37
Crosby (Alexandra Hall) ... ..	22	3	3	6	4	6
Crosby (Prince Street) ... ..	36	6	7	7	7	9
Dalton-in-Furness ... ..	35	4	...	7	6	18
Darwen ... ..	36	5	3	...	2	26
Davyhulme ... ..	56	10	4	9	10	23
Denton ... ..	50	5	3	14	9	19
Droylsden ... ..	21	5	2	3	...	11
Earlestown ... ..	21	2	2	1	3	14
Eccles (Green Lane) ... ..	31	5	3	1	2	20
Failsworth ... ..	47	7	6	4	3	27
Fleetwood ... ..	32	7	1	...	7	17
Haydock ... ..	20	3	1	...	1	15
Heywood ... ..	39	8	3	3	1	24
Huyton (Fairelough Road) ... ..	68	6	1	2	27	32
Ince ... ..	50	6	1	...	5	38
Kearsley ... ..	17	...	...	1	1	15
Lancaster (Ryclands) ... ..	30	4	3	2	...	21
Leigh ... ..	38	1	...	2	...	35



CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Litherland (Sefton Avenue) ... ..	39	6	6	3	8	16
Littleborough... ..	37	6	4	3	2	22
Lytham St. Annes (Bath Street) ... ..	16	7	2	...	2	5
Lytham St. Annes (Public Offices)... ..	15	3	4	...	1	7
Middleton ... ..	45	5	2	8	5	25
Morecambe (Euston Road) ... ..	24	5	...	2	4	13
Nelson (Carr Road) ... ..	49	12	2	2	3	30
Ormskirk ... ..	29	5	6	5	2	11
Preston ... ..	50	8	8	1	5	28
Ramsbottom ... ..	37	7	2	2	2	24
Rawtenstall (1, Kay Street) ... ..	27	5	1	3	4	14
Rishton ... ..	24	4	2	...	3	15
Stretford (Old Trafford) ... ..	24	6	1	9	1	7
Stretford (Mitford Street) ... ..	47	11	1	5	11	19
Stretford (Lostock) ... ..	43	7	2	8	15	11
Swinton and Pendlebury (Victoria Park) ... ..	34	3	4	4	1	22
Thornton Cleveleys ... ..	28	7	3	3	2	13
Ulverston ... ..	26	2	3	3	2	16
Whitefield ... ..	35	...	...	...	2	33
Whitworth ... ..	20	3	...	...	...	17
Widnes (Kingsway) ... ..	48	6	4	...	19	19
Winwick ... ..	27	4	4	3	...	16
Total ... ..	1,617	246	115	141	210	905

In addition 40 physically handicapped pupils attending the Bleasdale House, Kepplewray and Singleton Hall Residential Special Schools received treatment for defects of speech from two of the Committee's speech therapists.

Reports from the speech therapists again emphasise the importance of parental co-operation if full benefit is to be obtained from the treatment. This co-operation is forthcoming in most areas but is noticeably lacking in one or two districts.

In some areas many of the mothers are at work all day but the teachers are very helpful, not only in ensuring that the children attend the clinics but also in seeing that they practise regularly the exercises which they are taught at the speech clinics. The intelligence and determination of the children themselves are also vital factors in obtaining good results in this type of work.

The following extracts from reports by the speech therapists illustrate these and other points :—

“ The effects of the falling off of attendances were largely overcome last summer when home visiting was carried out during the local holidays, in the areas not affected at the time. I found this valuable from the point of view of establishing contact with parents.

“ One of the most interesting cases last year was that of a 14 year old boy who was involved in a road accident and admitted to hospital with a fractured skull and complete loss of speech. He attended the clinic three weeks later, by which time a partial recovery of speech had taken place. He improved steadily under treatment, and six months later his speech was almost normal, although slow, and with a slight monotony of tone apparent.

“ In February a talk was given to the “ Mothers' Club ’ on the subject of ‘ Normal and Defective Speech in Children,’ and it is hoped that this helped to clear up misunderstandings that are present in the minds of so many parents with regard to the speech of their children.”

"One eight year old boy, a stammerer, was referred to hospital for laryngeal examination owing to a hoarseness which had persisted over a period of about six weeks. At the same time his stammer became more severe. Nothing organic was reported to be wrong and the condition was apparently due to severe strain caused by considerable tension at home. His mother, it was discovered, was in hospital undergoing an operation for mitral stenosis and all the members of his family were reacting in some way to the tension. On the return home of the mother, after a successful operation the hoarseness disappeared and the stammer became less severe."

"Three children of one family attended with multiple dyslalia, two girls, aged ten and nine years, and a boy of five years. They are the only children of the family but as far as could be ascertained there was no history of speech defects in the family, therefore, one must assume that it was a case of the older child being retarded in speech development and consequently producing a dyslalia, and the younger children picking up the defective articulation from the eldest girl."

"A fair proportion of the referrals were pre-school children ranging from three to five years of age, cases suffering from stammering, multiple dyslalia and post cleft palate rhinolalia. They have not been having regular treatment but have attended periodically in a play group, help and advice being given to the parents."

"At the Preston Clinic the results this year of voice recording with a cross-section of the patients attending this clinic proved, I feel, the great benefit of the use of a tape recorder in speech therapy work and I hope for the opportunity to use it more extensively in the future."

"One child—a girl aged seven, was referred to me with a very weak voice, amounting to little more than a hoarse whisper. This was caused by recurrent laryngeal papillomata. The ear, nose and throat specialist, suggested that speech therapy may be useful to give psychological help and confidence in the use of the voice though improvement in vocal quality could not be expected due to the physical condition of the larynx. Before receiving speech therapy this girl had an increasing tendency to whisper not making any attempt to use her voice. After nine months weekly treatment the whispering habit ceased altogether and there was a surprising improvement in the quality of her voice, due to the improved condition of the vocal cords. She is now under observation, attending the clinic every three months."

"One boy aged six came to the clinic with gross multiple dyslalia. It appeared that he was often tearful and very timid when confronted with a new situation and the therapist noticed at the first interview that the mother answered any questions which were addressed to the child. It soon became evident that here was a boy whose parents had never allowed the child to rely on himself in any way and thus he had not been encouraged to use his speech as a means of becoming independent. As in the first mentioned case, a wiser approach to the upbringing of the child was suggested and thus, improved environmental conditions helped the process of speech therapy. This child attended for weekly treatment over a period of 10 months and was then discharged with normal speech."

"Many mothers go out to work during the day and rely on teachers to send their children to the clinic, a situation which leads to irregular attendance, especially during school holidays. Parental co-operation is sometimes lacking and results suffer in consequence."

The speech therapist for Lancaster remarks that "at Ryelands House we now occupy a quiet well equipped room overlooking the park and this particularly lends itself to a speech clinic; the decorations and furnishings fit in extremely well. The quiet and relaxing atmosphere has a good effect on the patients and particularly helps the stammerers."

"Most speech therapists are finding that generally more cases are discharged as cured and far fewer discontinuing treatment through non-attendance. Parents seem more anxious that their children should speak correctly; and now that speech therapy is more generally known about they seem readier to take advantage of it."

"It was interesting to treat a case of dyslexia coupled with dysgraphia. This nine year old boy was referred to me suffering from dyslalia. He was intelligent and his mother was most distressed to learn from the school how poor his reading and formation of letters and words were. At the consultation the boy read to me. I noticed difficulty in differentiation between "t. d. and g." phonetically, inability to recognise "d and b" correctly, visually. These were only a few of the sounds with which he had difficulty. The boy dreaded reading classes, in fact he was so miserable he never tried. Within six months of treatment, which included, visual, auditory and kinesthetic stimulation, the school informed me that his reading was now average. The boy now enjoys reading, with his increased ability. Although he has poor auditory imagery, spelling and letter and word forming have improved, and his articulation is normal."

One of the speech therapists in her 1953 report mentioned a four year old boy who had had poliomyelitis. This had left him with partial paralysis of the face and tongue. She says he has made such a good recovery that he is now suspended from treatment until he has been at school six months. This boy's concentration was good for a four year old—he was made to work extremely hard, as it was felt that only conscious effort would help him to overcome his physical handicap. His mother says that he now corrects his elder brothers and sisters."



## ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1954.

The Principal Dental Officer, Mr. L. B. Corner, reports as follows :—

During the year some slight improvement took place in the staffing position. Following a loss of two full-time Dental Officers, replacements became available in August, September and December. In addition to the foregoing, four additional part-time Officers were appointed.

By December 31st, the total dental staff amounted to 33 full-time and 26 part-time Officers, equating a total of 42.9 full-time dentists, an increase of 3.04 Officers over last year's total of 39.86.

These staff fluctuations inevitably have an effect upon the operation of the clinics and, as in the case of last year, there was a further rise in the total number of pupils on the school rolls, the numbers increasing by 8,453. It can thus be said of this year that the Dental Service did little more, in respect of the staff position, than hold its own, while, by comparison, with 1946 (as quoted last year), the number of pupils had increased by 69,978 and the number of schools by 77; the number of full-time dentists had decreased by two, and the number of part-time dentists had increased by 10. The net gain in staff over the 1946 figure amounts to two Dental Officers. From these figures it will be seen that the service is, in fact, less favourably placed in respect of staff than it was in the year immediately following the cessation of the late war. The recruitment of young people to the dental profession, as a whole, has declined considerably of late years, and is a matter of universal anxiety and one which will receive the attention of a Committee of Enquiry in due course.

### *Clinics.*

Notwithstanding the factors mentioned above, it has been possible to open a further clinic to serve the Standish area. A second surgery was installed in the Chorley Clinic with a consequent improvement of facilities in that area.

A new clinic commenced operations at Mossley during the latter part of the year, replacing the old clinic with an excellent dental suite equipped with modern apparatus.

Considerable improvements were effected in the surgery and recovery accommodation at Leigh by adaptations at the existing building at Stone House.

Kirkby and Little Hulton Clinics were well advanced by the end of the year and should be in operation early in 1955.

In all, some 75 clinics were operating during the year but much remains to be done. There is an important relationship between working conditions and the recruitment of staff at the present day, and adequate equipment must be viewed as an investment benefiting both patients and service.

### *Dental Treatment and Inspections.*

The analysis of the workings of the Dental Clinics will be found in the Appendix and this year, while showing only small improvements in returns, last year's improvements were maintained.

The extraction rate for permanent teeth remains high and the factors involved were examined during the year. The most important of these appeared to be the time lag between inspections; of second importance was the very wide distribution of the staff, and finally the prejudice in many districts against preservation of the teeth by filling. The first and second factors can be met by adequate staffing of the service; the final factor can only be met by patient and persevering education. When one considers the earlier experience of the School Dental Service however, there are grounds for satisfaction in respect of the results of long and arduous years which have been devoted to both treatment and dental health education.

While the removal and loss of permanent teeth is generally to be deprecated, the benefits from the relief of pain and the elimination of sepsis cannot be estimated; furthermore, with the removal of carious teeth, unsavable for a variety of reasons, the caries experience of many other teeth is appreciably reduced if by nothing else than removal from contact with teeth already infected. Reduction of number is, with increasing frequency, being used to further the maintenance of proper spacing of the teeth in the circumstances of the diminishing development of the human jaws.

It will be noted that 114,482 routine dental inspections were carried out this year as against 101,348 in 1953 and once again there was a rise in "special" cases from 26,312 in 1953 to 30,822 in 1954. This latter figure continues to cause anxiety but again the factors mentioned earlier play a major part.

In 1954, 40.17 per cent. of the schools received dental inspection as against 38.33 per cent. in 1953, and 37.5 per cent. of the pupils in attendance compared with 34.52 per cent. last year. Though these figures are given as direct comparisons, it must be observed that the actual number of children inspected rose by 13,134 and the school population by 8,748. There was a reduction in the calculated over-all acceptance rate to 62.5 per cent. but some 12,928 additional references for treatment were made in 1954.

An interesting feature of the annual returns of Dental Inspection was that some 2,833 children under five years of age received routine dental inspection in schools ; this is apart from 4,175 examined at Child Welfare Centres. If these figures are added to the examination figure for five-year old children, a total figure of 17,513 children of five years and under is arrived at. This composite group exceeds in number any other single age group examined.

#### *Orthodontics.*

In 1954 the total of orthodontic treatment undertaken by the part-time specialist officers is set out in the following table :—

Individual Cases.	Attendances.	New Cases.	Completed Cases.	New Appliances.
847	4,469	271	127	626

In addition, orthodontic cases undertaken by the Dental Officers totalled 2,040 and 599 new appliances were fitted.

Waiting lists for specialists' treatment are still heavy and it has not always been possible to give certain cases treatment as early as would be desirable, but the best use is being made of available facilities and each year shows some improvement, though waiting lists again had to be closed during the current year.

The principles governing acceptance of cases for this type of treatment remain the same ; these are that the patient should have a well-cared for mouth, with all caries eliminated, and all saveable teeth filled, and good general oral hygiene. To offer orthodontic treatment to any other type of case is to dissipate the time of the Officers to no good purpose.

#### *Fluoridation of Water Supplies.*

Mention of this subject was made in the Annual Report for 1952 and it is of such importance in the field of preventive dentistry, having been the subject of worldwide researches and epidemiological surveys, that it is gratifying to be able to report that progress has been made in its application in this country by the Ministry of Health selecting suitable experimental areas in England, Scotland and Wales where supplementary fluorides will be added to the water supplies. Substantial evidence has been forthcoming in the United States that, by this supplementing of natural water fluorides, substantial reductions in the caries rate in children may be achieved. The evidence of the British experiments will be eagerly awaited by all who are interested in mitigating, by this ready means, the costly ravages of dental decay.

#### *Maternity and Child Welfare Treatment.*

For the information of the Committee, the following table sets out the results of duties undertaken by the Dental Staff under Section 22 of the National Health Act during 1954.

#### EXPECTANT AND NURSING MOTHERS.

Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.	Dentures.			Other Operations.
						Full.	Partial.	Repairs.	
2,677	1,817	5,058	895	4,753	866	336	216	20	1,755

#### PRE-SCHOOL CHILDREN\*

Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.	Other Operations.
4,175	3,193	5,791	1,881	4,258	1,819	1,690

These figures show treatments actually carried out in the clinics but it must be remembered that many patients examined have their own family dentist from whom, as they are entitled under the Act, they receive advice and treatment as a result of their consultation with the Dental Officer. All treatment, including the supply and repair of dentures, is given without charge at the County Council Clinics.

\* Attending at Child Welfare Clinics only.



*Summary.*

The year in the Dental Clinics may be summarised as one in which there have been fluctuations but, on the whole, some improvement. The staff situation has shown gain instead of loss and the service generally has some modest advances to its credit.

In comparison with other years, there is something brighter in the prospect but continued effort and co-operation, so willingly given this year, is necessary to surmount the obstacles which still lie in the path to a complete and adequate service.

## APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL  
INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st  
DECEMBER, 1954.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

*A.—Periodic Medical Inspections.*

Number of Schools in which Periodic Medical Inspection was completed	...	...	...	...	...	...	...	932
Number of Inspections in the prescribed Groups—								
Entrants	...	...	...	...	...	...	...	35,769
Second Age Group	...	...	...	...	...	...	...	25,648
Third Age Group	...	...	...	...	...	...	...	18,381
Total	...	...	...	...	...	...	...	79,798
Number of Parents present	...	...	...	...	...	...	...	28,863

*B.—Other Inspections.*

Number of Special Inspections	...	...	...	...	...	...	40,421
Number of Re-inspections	...	...	...	...	...	...	49,712
Total	...	...	...	...	...	...	90,133
Number of Parents present	...	...	...	...	...	...	20,353

*C.—Pupils Found to Require Treatment.*

NUMBER OF *Individual Pupils* FOUND AT *Periodic* MEDICAL INSPECTION TO REQUIRE TREATMENT  
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 2 (A).	Total (Individual pupils).
Entrants	300	4,117	4,344
Second Age Group	1,357	2,272	3,512
Third Age Group	1,033	1,258	2,234
TOTAL	2,690	7,647	10,090

Table 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1954.

Periodic Inspections.                      Special Inspections.  
Number of Pupils examined    ...    ...    79,798                      ...                      40,421

Disease or Defect.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin ... ..	1,030	1,414	3,760	292
Eyes—				
Vision ... ..	2,690	3,755	1,694	1,064
Squint ... ..	560	1,050	210	201
Other ... ..	317	367	983	132
Ears—				
Hearing ... ..	197	737	375	260
Otitis Media ... ..	182	426	395	62
Other ... ..	275	379	618	155
Nose or Throat ... ..	1,727	7,508	2,500	1,460
Speech ... ..	270	691	374	236
Cervical Glands ... ..	144	3,328	110	419
Heart and Circulation ... ..	92	1,408	109	263
Lungs ... ..	278	1,855	403	399
Developmental—				
Hernia ... ..	62	181	10	21
Other ... ..	71	805	50	97
Orthopaedic—				
Posture ... ..	216	1,031	81	107
Flat-foot ... ..	785	1,470	359	246
Other ... ..	953	2,378	994	477
Nervous System—				
Epilepsy ... ..	12	73	32	38
Other ... ..	73	309	188	146
Psychological—				
Development ... ..	45	419	137	197
Stability ... ..	55	484	170	189
Other ... ..	1,159	1,911	5,295	1,764
TOTAL ... ..	11,193	31,979	18,847	8,225

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE  
YEAR IN THE AGE GROUPS.

Age-Groups.	Number of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants ... ..	35,769	15,898	44.44	19,314	53.99	557	1.55
Second Age-Group ... ..	25,648	10,875	42.40	14,451	56.34	322	1.25
Third Age-Group ... ..	18,381	9,153	49.79	9,025	49.09	203	1.10
TOTAL ... ..	79,798	35,926	45.02	42,790	53.62	1,082	1.35

Table 3.

INFESTATION WITH VERMIN.									
Total number of visits paid to schools by the school nurses	...	...	...	...	...	...	...	...	10,005
Average number of visits per school made during the year by the school nurses	...	...	...	...	...	...	...	...	8.0
Total number of examinations in the schools by the school nurses	...	...	...	...	...	...	...	...	584,286
Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	15,127

Table 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1954.

*Group I.—Diseases of the Skin (excluding uncleanness).*

								Number of cases treated or under treatment during the year by the Authority.		Number of cases treated or under treatment during the year otherwise.
Ringworm—										
(i.) Scalp	...	...	...	...	...	...	...	21	...	2
(ii.) Body	...	...	...	...	...	...	...	53	...	9
Scabies	...	...	...	...	...	...	...	68	...	—
Impetigo	...	...	...	...	...	...	...	1,929	...	15
Other skin diseases	...	...	...	...	...	...	...	6,744	...	120
Total	...	...	...	...	...	...	...	8,815	...	146

*Group II.—Eye Diseases, Defective Vision and Squint.*

								Number of cases dealt with by the Authority.		Number of cases dealt with otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	...	3,361	...	88
Errors of refraction (including squint)	...	...	...	...	...	...	...	20,921*	...	691
Total	...	...	...	...	...	...	...	24,282	...	779
Number of pupils for whom spectacles were—										
(a) Prescribed	...	...	...	...	...	...	...	10,748*	...	479
(b) Obtained	...	...	...	...	...	...	...	9,452*	...	393

*Group III.—Diseases and Defects of Ear, Nose and Throat.*

								Number of cases treated by the Authority.		Number of cases treated otherwise.
Received operative treatment—										
(a) for diseases of the ear	...	...	...	...	...	...	...	—	...	93
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	...	—	...	3,568
(c) for other nose and throat conditions	...	...	...	...	...	...	...	—	...	209
Received other forms of treatment	...	...	...	...	...	...	...	4,189	...	619
Total	...	...	...	...	...	...	...	4,189	...	4,489

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.











Table 6.

## HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING HOMES.

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Sub-normal.	Maladjusted.	Epileptic.	Total.
<i>In the calendar year ended 31st December, 1954—</i>										
Handicapped Pupils—newly placed in Special Schools or Boarding Homes ... ..	14	14	19	12	230	49	84	12	23	457
Newly ascertained as requiring education at Special Schools ...	8	12	9	7	222	54	251	13	8	584
<i>On or about December 1st, 1954—</i>										
No. of Handicapped Pupils :—										
(i.) attending Special Schools as—										
(a) Day Pupils ... ..	...	20	9	18	485	59	143	...	...	734
(b) Boarding Pupils ... ..	62	31	134	88	79	118	202	5	44	763
(ii.) attending independent schools under arrangements made by the Authority ... ..	...	...	...	...	...	1	13	24	...	38
(iii.) boarded in Homes and not already included under (i.) or (ii.) ... ..	...	...	...	...	...	...	...	4	...	4
Total ... ..	62	51	143	106	564	178	358	33	44	1,539
No. of Handicapped Pupils being educated under arrangement made under Section 56 of the Education Act, 1944—										
(i.) in hospitals ... ..	...	...	...	...	...	...	...	...	...	...
(ii.) in other groups (e.g. units for spastics) ... ..	...	...	...	...	...	...	...	...	...	...
(iii.) at home ... ..	3	...	...	...	7	34	3	...	...	47
No. of Handicapped Pupils requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) :—										
(i.) Day ... ..	...	2	1	2	32	19	242	...	...	298
(ii.) Boarding ... ..	4	14	6	5	48	33	414	6	6	536

Number of children reported during the year under the Education Act, 1944—

(a) Section 57 (3), excluding any returned under (b) ... 109

(b) Section 57 (3) relying on Section 57 (4) ... Nil

(c) Section 57 (5) ... 18









